

Abode Care Service Coordination

Certificate of Completion

Name of Staff

Has completed the following training session(s)

Basic Orientation

Service Specific Orientation

Annual Training

For

The Nursing Home Transition and Diversion (NHTD) 1915(c) waiver program

Traumatic Brain Injury (TBI) 1915(c) waiver program

and successfully completed the course requirements

Completion Date: _____

Fishel Deutsch

SC Supervisor

Name of Trainer

Title

Date