Shiawassee Health & Wellness

Training Log for Annual Required Training

Provider: ____ Address: ____ Date: _________________

Submitted by: _______________________________________ Job Title:________________________________

Name	Corporate & Regulatory Compliance	CPR & First Aid	Cultural Competency & Diversity	Environmental Safety	Health Management (Bloodborne Pathogens & Infection Control)	HIPAA	Limited English Proficiency	Medication	CPI - (full course) (every 2 yrs)	CPI Update (every 2 yrs)	Person Centered Planning	Recipient Rights	Culture of Gentleness (Gentle Teaching)