# PATHWAYS TRAINING DOCUMENTATION FORM

(Before sending to Training Coordinator, please make sure all information is filled in)

**Training Title**: _____ **Date of Training**: _____

**Presenter**: _____**Length of Training**: _____

CMHP Eligible: Yes No CEU, If Applicable: Yes No # of CEUs applied: _____

Training Category :( Please check one category only)

| | | |
|---|---|---|
| ☐ Administrative | ☐ Customer Service | ☐ Prevention |
| ☐ Applied Behavior Analyst | ☐ Ethics | ☐ Quality Improvement |
| ☐ Clinical | ☐ Independent Study | ☐ Recipient Rights |
| ☐ CMHP | ☐ Management | ☐ Safety Issues |
| ☐ Computer Training/DP | ☐ Medical | ☐ Substance Abuse |
| ☐ Confidentiality/Privacy | ☐ Medication Certification | ☐ Supervision |
| ☐ Corporate Compliance | ☐ OBRA/Elderly | ☐ Supported Employment |
| ☐ CPR/First Aid | ☐ Orientation | ☐ Toolbox |
| ☐ Crisis Intervention | ☐ Other/Non Specified Training | |
| ☐ Cultural Diversity | ☐ PCM training | |
| | ☐ PCP/Self-Determination | |

# TRAINEE SIGN-IN

(If name is illegible, you may not receive credit for training)

| Printed Name | Signature |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |
| 16. | |
| 17. | |
| 18. | |
| 19. | |
| 20. | |
| 21. | |
| 22. | |
| 23. | |
| 24. | |
| 25. | |