

REGISTERED HOME CARE AIDE TRAINING LOG

INSTRUCTIONS: *This form is intended to provide Home Care Organizations with method to maintain a training verification log for each Affiliated Home Care Aide. Although maintenance of a Training Log is required per section 90-067(c)(1) of the Written Directives, the use of this specific form is not required. Home Care Organizations have flexibility to document training requirements that best fit their business needs.*

HOME CARE ORGANIZATION REQUIREMENTS: The Home Care Organization licensee must maintain a verification log of training for each affiliated Home Care Aide which includes the information listed in 90-067(c)(1) of the Written Directives. Documentation must be kept in personnel file for Department review.

AFFILIATED HOME CARE AIDE, LAST NAME				FIRST NAME		PERSONNEL ID (optional)	
POSITION TITLE			HIRE DATE			REGISTRATION DATE	
DATE TRAINING COMPLETED (MM/DD/YY)	TRAINING TITLE	BRIEF DESCRIPTION OF TOPICS COVERED	TRAINING ORGANIZATION NAME	INSTRUCTOR FIRST NAME & LAST NAME (If in-person training)	LOCATION OF TRAINING (If online, specify website)	TRAINING HOUR REQUIREMENTS (Enter hours in applicable column)	
						ENTRY LEVEL	ANNUAL