

Tuscola Behavioral Health Systems
GROUP HOME CURRICULUM REGISTRATION FORM

(Please Print)

STUDENT'S INFORMATION

(One student per form)

Student Name: _____ **Employer/Home Name:** _____

Email Address: _____ **Date of Hire:** _____

Name of Previous Home Worked/Transferred From: _____

Previous Name(s) Used: _____ **Release Date:** _____

Please register this staff for training period (list month & year): _____

TRAINING SESSIONS

Please select the training session(s) and specify training date(s) you would like to register for.

| NAME OF TRAINING SESSION (Live Events Only) | DATE |
|--|-------|
| <input type="checkbox"/> Basic Health/Observing Signs & Symptoms of Illness (Live - Online Thereafter) | _____ |
| <input type="checkbox"/> CPR/AED/First Aid Training (Live) | _____ |
| <input type="checkbox"/> Creating a Culture of Gentleness (One Time) | _____ |
| <input type="checkbox"/> EMMIT Training (One Time) | _____ |
| <input type="checkbox"/> Medication Administration (Live) | _____ |
| <input type="checkbox"/> Medication Refresher (Live - Online thereafter) | _____ |
| <input type="checkbox"/> WELLE Initial (2-Day) Training (Live) | _____ |
| <input type="checkbox"/> WELLE Update (1-Day) Training (Live - Annually) | _____ |
| <input type="checkbox"/> Recipient Rights Orientation (Live via Zoom during COVID-19) | _____ |
| <input type="checkbox"/> Recipient Rights Update (Online thereafter) | _____ |
| <input type="checkbox"/> Vital Signs (Live) | _____ |
| <input type="checkbox"/> Vitals Signs Update (Live - Annually) | _____ |

Other (Please Specify): _____

DURING COVID-19

| ANNUAL ONLINE TRAININGS | ONE TIME ONLINE TRAININGS | REQUIRED EVERY 2-YEARS |
|--|---|--|
| <ul style="list-style-type: none"> Bloodborne Pathogens Person Centered Planning HIPAA Training Cultural Competencies Corporate Compliance Limited English Proficiency (LEP) | <ul style="list-style-type: none"> Advanced Health Environmental Emergencies Introduction to Residential Services Nutrition/ Basic Care Principles Self Determination Trauma Informed Care Working with People | <ul style="list-style-type: none"> Basic Health/Observing Signs & Symptoms of Illness CPR/AED Training First Aid Training |

Training requirements may change per student, based on proficiency and experience and all trainings are subject to change per TBHS/MSHN Policies and/or State and Federal Rules.

Please fax form to 989-673-1596 or email form to tbhspublicinformation@tbhs.net no later than two days prior to class. Registration needs to be on file prior to students attending class.