

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"/> Advanced Health (One Time)	_____
<input type="checkbox"/> Basic Health/Observing Signs & Symptoms of Illness (Live - Online Thereafter)	_____
<input type="checkbox"/> CPR/AED/First Aid Training	_____
<input type="checkbox"/> Creating a Culture of Gentleness (One Time)	_____
<input type="checkbox"/> EMMIT Training (One Time)	_____
<input type="checkbox"/> Medication Administration	_____
<input type="checkbox"/> Medication Refresher (Live - Online thereafter)	_____
<input type="checkbox"/> NAPPI Initial (2-Day) Training	_____
<input type="checkbox"/> NAPPI Update (1-Day) Training (Annually)	_____
<input type="checkbox"/> Recipient Rights Orientation	_____
<input type="checkbox"/> Recipient Rights Update (Live - Online thereafter)	_____
<input type="checkbox"/> Vital Signs	_____
<input type="checkbox"/> Vitals Signs Update (Annually)	_____
<input type="checkbox"/> Trauma Informed Care (One Time)	_____

Other (Please Specify): _____

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"> Environmental Emergencies Introduction to Residential Services Nutrition/ Basic Care Principles Self Determination 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.