

Plan of Service – Initial In-Service/Training Form (A)

I acknowledge that I have been in-serviced/trained and understand the contents of the attached Document and agree to implement as written. I also agree to in-service/train the remainder of staff that need to be in-serviced/trained on this document prior to them working with the consumer.

Consumer:	Consumer #:	PCP Date:
Document: <input type="checkbox"/> Addendum <input type="checkbox"/> IPOS	<input type="checkbox"/> Home/CLS <input type="checkbox"/> PIC/CLS <input type="checkbox"/> ABA Provider <input type="checkbox"/> Other: _____	
Document Date:	<input type="checkbox"/> SC/TCM <input type="checkbox"/> ACT <input type="checkbox"/> HBS <input type="checkbox"/> RN <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> BTP <input type="checkbox"/> RD <input type="checkbox"/> SLP	
Trainer(s): <small>(Including Title and Credentials)</small>		
Date of In-Service/Training:		

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
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