

**Tuscola Behavioral Health Systems**  
**GROUP HOME CURRICULUM REGISTRATION FORM**

(Please Print)

**STUDENT'S INFORMATION** (One student per form)

\*Required for all new or returning hires

\*Student Name: \_\_\_\_\_ \*Employer/Home Name: \_\_\_\_\_  
 \*Email Address (For New Hire Only): \_\_\_\_\_ \*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 – Every 2 Years)	_____
<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 Skills Check off	_____
<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 – Online thereafter)	_____
<input type="checkbox"/> Vital Signs (Live)	_____
<input type="checkbox"/> Vital Skills Checkoff	_____
<input type="checkbox"/> Vitals Signs Update (Live - Annually)	_____

Other (Please Specify): \_\_\_\_\_

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

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 [srrickwalt@tbhs.net](mailto:srrickwalt@tbhs.net) no later than two days prior to class. Registration needs to be on file prior to students attending class.**