

**WEST VIRGINIA I/DD WAIVER  
CERTIFICATE OF TRAINING**

Name of Person Who Receives Services		Date of Training	
Name of Trainer		Trainer's Agency	
Training Start Time		Training Stop Time	
Training is valid from:		Training is valid until:	
Location of Training	<input type="checkbox"/> Home of Person Who Receives Services <input type="checkbox"/> Facility DH <input type="checkbox"/> Agency Office <input type="checkbox"/> Supported Employment <input type="checkbox"/> Community <input type="checkbox"/> Other (describe): _____		

**Trained on the following items listed below. Specific procedure/techniques/methods may be found attached to the Individual Program Plan.**

1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

**I certify that I have received training on the items listed above. I will contact the Trainer if additional training is needed or for any questions.**

Printed Name of Person Trained	Signature of Person Trained	Title of Person Trained

Signature and Credentials of Trainer		Date	
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