## WV AGED AND DISABLED WAIVER PROGRAM REGISTERED NURSE INITIAL & ANNUAL TRAINING VERIFICATION FORM

**Provider Agency/Personal Options:** 

**Employee Name:** 

| I. <u>ADW Registered Nurse Initial and Annual Training Requirements</u> . All ADW Registered Nurses must complete all of the following training before providing services for payment and annually thereafter: |      |                            |               |                      |            |              |                   |
|--|------|----------------------------|---------------|----------------------|------------|--------------|-------------------|
| a) <u>Person-Centered Planning</u> : must use training provided by WV BoSS.  |      |                            |               |                      |            |              |                   |
| Training Topic   | Date | Start<br>Time/Stop<br>Time | Total<br>Time | Location of Training | Source     | RN Signature | Trainer Signature |
| Person-Centered  | 1    |                            |               |                      | BoSS       |              |                   |
| Planning   |      |                            |               |                      | Curriculum |              |                   |
| **Must maintain professional license training requirements:  |      |                            |               |                      |            |              |                   |
| Time period that license is valid  |      |                            |               |                      |            |              |                   |
| <b>Verification of Training:</b> By signing this document, the Agency Director/designee verifies the Registered Nurse has completed all required training areas listed above.                                  |      |                            |               |                      |            |              |                   |