



**West Virginia (WV) Children with Serious Emotional Disorders (CSED) Waiver
Certificate of Training Form**

For training waiver support staff on specific member goals and plan of care (POC) changes.

Member First Name, MI, Last Name			
Name of Trainer			
Date of Training		Trainer's Agency	
Training Start Time		Training Stop Time	
Training is valid from:		Training is valid until:	
Location of Training	Home of Member Agency Office Other (describe):		
POC Change Complete (if applicable)		Crisis Plan Update Date (if applicable)	
Service Being Provided			

Trained on the following items listed below related to the specific procedures, methods, and techniques that are attached to the plan of care (POC).

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 of Trainer			
Credentials of Trainer		Date	