

**TBI Waiver Personal Attendant Professional
 Competency Based Training - Initial**

Training Topic	Training Date	Start Time	End Time	Training Location	Instructor Name/Signature/Credentials	Trainee Signature
CPR						
First Aid						
Universal Precautions						
Personal Attendant Skills						
One-hour training specific to children/adolescents with TBI (if applicable)						
Abuse/Neglect/Exploitation Identification						
HIPAA						
Personal Attendant Professional Ethics						
Health and Welfare						
Member Rights and Responsibilities						
Delivering Person-Centered Care						
Personal attendant safety						

Personal Attendant Professional Name: _____

Hire Date: __/__/__

**Waiver Personal Attendant Professional
Competency Based Training – Annual**

Training Topic	Training Date	Start Time	End Time	Training Location	Instructor Name/Signature/Credentials	Trainee Signature
CPR						
First Aid						
Universal Precautions						
Abuse/Neglect/Exploitation Identification						
HIPPA						
Two (2) hours of training focused on enhancing personal attendant service delivery knowledge and skills						

Personal Attendant Professional Name: _____

Hire Date: __/__/____