

**TBIW Personal Attendant Professional  
Competency Based Training - Initial**

| Training Topic   | Training Date | Start Time | End Time | Training Location | Instructor Name/Signature/Credentials | Trainee Signature |
|--|---------------|------------|----------|-------------------|---------------------------------------|-------------------|
| <b>CPR-NOTE: May not be provided solely an internet provider must demonstrate skills.</b>  |               |            |          |                   |                                       |                   |
| First Aid  |               |            |          |                   |                                       |                   |
| Infectious Disease Control   |               |            |          |                   |                                       |                   |
| <b>Direct Care Skills- 4 hours (See topic areas below)</b>   |               |            |          |                   |                                       |                   |
| <ul style="list-style-type: none"> <li>• Basic Understanding of TBI (Adult or Child)</li> </ul>  |               |            |          |                   |                                       |                   |
| <ul style="list-style-type: none"> <li>• Providing ADLs Assistance (Adult or Child)</li> </ul>   |               |            |          |                   |                                       |                   |
| <ul style="list-style-type: none"> <li>• Person specific training: face to face with a person with TBI, the person with TBI must be involved in this training – <b>must be 1 hour of 4 hour total</b></li> </ul> |               |            |          |                   |                                       |                   |
| Abuse/Neglect/Exploitation Identification  |               |            |          |                   |                                       |                   |
| HIPAA  |               |            |          |                   |                                       |                   |
| Personal Attendant Professional Ethics   |               |            |          |                   |                                       |                   |
| Health and Welfare   |               |            |          |                   |                                       |                   |
| People First Language  |               |            |          |                   |                                       |                   |

Personal Attendant Professional Name: \_\_\_\_\_

Hire Date: \_\_/\_\_/\_\_\_\_

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

| Training Topic   | Training Date | Start Time | End Time | Training Location | Instructor Name/Signature/Credentials | Trainee Signature |
|--|---------------|------------|----------|-------------------|---------------------------------------|-------------------|
| <b>CPR-NOTE: May not be provided solely an internet provider must demonstrate skills.</b>  |               |            |          |                   |                                       |                   |
| First Aid  |               |            |          |                   |                                       |                   |
| Infectious Disease Control   |               |            |          |                   |                                       |                   |
| <b>Direct Care Skills – 4 hours (See topic areas below)</b>  |               |            |          |                   |                                       |                   |
| <ul style="list-style-type: none"> <li>• Basic Understanding of TBI (Adult or Child)</li> </ul>  |               |            |          |                   |                                       |                   |
| <ul style="list-style-type: none"> <li>• Providing ADLs Assistance (Adult or Child)</li> </ul>   |               |            |          |                   |                                       |                   |
| <ul style="list-style-type: none"> <li>• Person specific training: face to face with a person with TBI, the person with the TBI must be involved in this training</li> </ul> |               |            |          |                   |                                       |                   |
| Abuse/Neglect/Exploitation Identification  |               |            |          |                   |                                       |                   |
| HIPAA  |               |            |          |                   |                                       |                   |

Personal Attendant Professional Name: \_\_\_\_\_

Hire Date: \_\_/\_\_/\_\_