



## 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		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	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

<b>Signature of Trainer</b>			
<b>Credentials of Trainer</b>		<b>Date</b>	