Mid-South Substance Abuse Commission
CONFIRMATION OF QUALIFICATIONS & TRAINING OF ALL PROFESSIONAL STAFF

❑ **Annual Submission** ❑ **Update**

Program Name: _____ Completed By: _____ Date: _____

Please **indicate the DATE of the latest training staff person attended for each category:**

EMPLOYEE NAME	**POSITION**	**LICENSE, DEGREE AND/OR CREDENTIALS** (CAC I, CAC II, CCS, MSW, etc.)	**LIMITED ENGLISH PROFICIENCY** ODCP (Training w/in first 6 mos. of hire & annually thereafter)	**CULTURAL COMPETENCY** ODCP (Training w/in first 6 mos. of hire & ongoing thereafter)	**RECIPIENT RIGHTS** PIHP & ODCP (Training w/in first 15 days of hire & thereafter according to provider policy)	**CONFIDENTIALITY (42 CFR) & HIPAA (45 CFR)** ODCP (Training w/in first 15 days of hire & thereafter according to provider policy)	**PREVENTION OF COMMUNICABLE DISEASES, UNIVERSAL PRECAUTIONS, HIV/AIDS PREVENTION & CONFIDENTIALITY** ODCP (Training w/in first 6 mos. of hire & every 2 years thereafter)

Form A106