**Mid-South Substance Abuse Commission**
**CONFIRMATION OF QUALIFICATIONS & TRAINING OF ALL PROFESSIONAL & OTHER HEALTH SERVICES 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) |
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Please complete the form and submit electronically to Melissa Williford at melissa@mssac.com no later than **5:00 PM EST October 31, 2008.** Subsequent updates can be sent electronically to Melissa Williford at melissa@mssac.com. This form can be found on the Mid-South website under Quality Forms @ www.mssac.com.