

Employee	Individual Receiving Services	Employer/Designated Rep.

## Pre-Employment Training Requirements Checklist

**Type of Personal Assistant:**  Regular PA  Enhanced Medical PA  Enhanced Behavioral PA

The Individual/Designated Representative may exempt the following requirements if the exemption is due to: [A] Duties of the PA named above will not require skills to be attained from this training requirement. [B] The PA named above has adequate knowledge or experience. To grant an exemption, the appropriate reason code must be marked in the exemption column <b>and justification for the exemption and safeguards in place must be documented in the ISP.</b>	CHECK APPLICABLE EXEMPTION CODE(S)
*CPR training provided by _____ Date _____ (Cannot be exempt for Enhanced Medical PA)	<input type="checkbox"/> A <input type="checkbox"/> B
*First Aid training provided by _____ Date _____ (Cannot be exempt for Enhanced Medical PA)	<input type="checkbox"/> A <input type="checkbox"/> B
*Medication Administration training provided by _____ Date _____ (Cannot be exempt for Enhanced Medical PA if providing medication administration)	<input type="checkbox"/> A <input type="checkbox"/> B
*Behavior Intervention Crisis Management training: <input type="checkbox"/> Mandt <input type="checkbox"/> NCI/CPI <input type="checkbox"/> PCMA/SCM Date _____ (Cannot be exempted for Enhanced Behavioral PA if physical intervention is needed)	<input type="checkbox"/> A <input type="checkbox"/> B
*Behavior Intervention-Positive Behavior Supports training: <input type="checkbox"/> "Tools of Choice" <input type="checkbox"/> Columbus PBS <input type="checkbox"/> Other training approved by RO QE dept. or Div. Chief Behavior Analyst Date _____ (Cannot be exempted for Enhanced Behavioral PA)	<input type="checkbox"/> A <input type="checkbox"/> B
*Education <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Regional Office Exemption	
*Certificate of training or supporting documentation must be attached. <b>All training certifications must be kept current during the duration that the employee is employed.</b> Signature of the Individual, Designated Representative or Guardian signifies approval of the training plan and approval of any exemptions granted.	

## Job Description

Write a description of job responsibilities the employee will be required to perform in the following categories that apply. Leave each category that does not apply to your staff blank.

**Bathing/Assisting in the Bathroom/Dressing:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Mobility:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Extension of therapies, care of adaptive equipment and exercise:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Meal Preparation/Assistance with meals:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Incidental Household cleaning and laundry:** \_\_\_\_\_

\_\_\_\_\_

**Shopping:** \_\_\_\_\_

\_\_\_\_\_

**Banking/Budgeting:** \_\_\_\_\_

\_\_\_\_\_

**Using Public Transportation:** \_\_\_\_\_

\_\_\_\_\_

**Recreational/Leisure/Socialization:** \_\_\_\_\_

\_\_\_\_\_

**Other Activities to achieve Increased Independence, Productivity or Inclusion in the Community:**

\_\_\_\_\_

\_\_\_\_\_

### Work Schedule

*Typical work schedule, not exceeding authorized staffing hours.*

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Time In</b>							
<b>Time Out</b>							
<b>Time In</b>							
<b>Time Out</b>							
<b>Time In</b>							
<b>Time Out</b>							
Total per day	hrs	hrs	hrs	hrs	hrs	hrs	hrs

**Signatures:** *I have reviewed and agree to the responsibilities of the position.*

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/DR Printed Name

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date

