

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

Training Topic	Training Date	Instructor Name/Signature/Credentials	Trainee Signature
CPR			
First Aid			
Universal Precautions			
Abuse/Neglect/Exploitation Identification			
HIPPA			
Medicaid Fraud, Waste, Abuse and how to report			
Two (2) hours of training focused on enhancing personal attendant service delivery knowledge and skills	Start Time: _____ End Time: _____		

Personal Attendant Professional Name: _____