PO Box 242930
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Toll Free 866.710.0456
Online: PalcoFirst.com

West Virginia Personal Options
Aged and Disabled Waiver Program

ANNUAL TRAINING VERIFICATION FORM

All Personal Options employees must complete the following training areas annually and maintain them current. Current means no gaps in between trainings.

- Cardiopulmonary Resuscitation (CPR) and First Aid – a copy of the CPR and First Aid cards must be submitted to Palco and must be kept current t (no gaps in between) as defined by the terms of the certifying agency.
- CPR and First Aid must be provided by a certified trainer from an approved vendor, see BMS website for full list. Skills must be demonstrated in person. Online instruction may be permissible during an active public health emergency. Palco cannot accept certifications from unapproved providers. Contact your Resource Consultant with questions.
- Universal Precautions (OSHA): material is provided in Palco Initial Training packet.
- Abuse/Neglect/Exploitation Identification: material is provided in Palco Initial Training packet.
- HIPAA: material is provided in Palco Initial Training packet.

Training Topic	Start Time	Stop Time	Duration	Location of Training	Source
Universal Precautions (OSHA)					Palco Training Guide
Abuse/Neglect/Exploitation Identification					Palco Training Guide
HIPAA					Palco Training Guide

4 hours of training focusing on enhancing direct care services delivery knowledge and skills. Specific on-the-job training with the participant can be counted toward this requirement **(all fields must be completed)**:

Training Topic	Start Time	Stop Time	Duration	Location of Training	Source (name of books, articles, website, etc. or on-the-job training with the participant)

By signing below, the participant (or their representative) confirmed that the training topics above were provided to the employee listed below, and that he/she has completed those training topics.

Participant Name _____ **Participant or Representative Signature** _____ **Date** _____

Employee Name _____ **Employee Signature** _____ **Date** _____

Resource Consultant Name _____

Please return this form to Palco via email: enrollment@palcofirst.com **or via fax to 1.877.859.8757.**