

## ANNUAL TRAINING MANUAL ACKNOWLEDGEMENT AND TIME SHEET

I \_\_\_\_\_, acknowledge that I have received, read and understand the  
(Worker's Name Printed)

Self-Direction Annual Training Manual provided to me by the Resource Center for Independent Living. (FI)

**\*\*Please DATE AND INITIAL EACH BOX as acknowledgement of completion for each training title listed below. Your signature and your employer's signature are required for payment.\*\***

Date: Month/Day/Year	Self-Direction Training Topics Completed:	Initials
	OPWDD Fire Safety Training (1 hour)	
	RCIL/Self-Direction Annual Training Manual (45 Minutes)	
	▶ Emergency Procedures and Safety	
	▶ Sexual Harassment, Harassment & Drug Free Workplace	
	▶ Incident Recognition & Reporting/PRAISE	
	▶ Corporate Compliance & HIPAA	
	▶ Code of Ethics for Direct Support Professionals	
	<b>Total hours for Payment – 1.75 hours paid at current NYS minimum wage, less taxes and withholdings.</b>	

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Employer's Signature (Participant/Designee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name (Please Print)

\_\_\_\_\_  
Self-Direction Training Specialist

**Signing and submitting false information may lead to charge of Medicaid fraud.**

If you have any questions, please contact the Self-Direction Training Specialist by  
**phone:** 315-797-4642 ext.1676 or **e-mail:** sdtraining@rcil.com