

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	
	Workplace Harassment Prevention for Employees, State of New York and NYC (40 Minutes)	
	Total hours for Payment – 2.5 hours paid at current NYS minimum wage, less taxes and withholdings.	

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