

OQMHP-PNMI Training Record

EMPLOYEE NAME _____ AGENCY: _____

AGENCY ADDRESS: _____
Street or P.O. Box City Zip code

AGENCY CONTACT: _____ PHONE: _____

EMPLOYEE DATE OF HIRE: ____/____/____

BACHELOR'S DEGREE IN: *(Identify the degree showing major of study): Psychology / Social Work / Child Dev / Spec Ed / Rehab / Sociology / Educational or Behavioral Science* **OR**

IF NO DEGREE: Employee has completed the nine training areas listed below **within 90 days from the date of hire.**

Applicants with Bachelor's degree: OQMHP Certification will have an effective of the date of hire.
Applicants without Bachelor's degree: OQMHP Certification will have an effective date retroactive 90 days or less from when the last training below is completed but not before date of hire.
EXAMPLE: Last training is completed on April 15th, certificate will have an effective date of January 15th, or date of hire, (whichever is most current)

	Training Topic Area:	Completed Month / Day / Year
A.	Child and Adult First Aid & CPR	___/___/___
B.	Principles of child development and intervention (counseling) techniques	___/___/___
C.	Hazard management, fire & safety	___/___/___
D.	Rights of Recipients	___/___/___
E.	OCFS Mandated Reporter <i>(Live or Online)</i> http://www.maine.gov/dhhs/ocfs/mandated-reporters.shtml	___/___/___
F.	Individual Service Plans and their application	___/___/___
G.	Documentation and reporting requirements	___/___/___
H.	Overview of psychotropic medications	___/___/___
I.	Non-aggressive techniques of physical intervention (must be approved by DHHS/CBHS Licensing)	___/___/___

The supervisor's and employee's signatures below attest that all the information provided on this form is correct, has been authenticated by the Provider Agency, and documentation of the employee's education and training is on file with the Provider Agency and available for audit if requested.

 Supervisor or agency representative name (printed)

 Supervisor or agency representative Signature

 Date

 Employee Signature

 Date



Submit this completed form via fax, email, or USPS to:

Woodfords Family Services
 Charlotte Hickling, OQMHP Certificate Program
 15 Saunders Way, Suite 900, Westbrook, ME 04092
 Phone: 878-9663 x. 4244
 Fax: 1-877-587-6445
 Email: oqmhp@woodfords.org

Certificates will be processed within 5 business days.