

**STAFF TRAINING LOG**

Provider: \_\_\_\_\_

Staff/Employee Name: \_\_\_\_\_

	Annual Training	Date Completed	Trainer	Date Completed	Trainer	Date Completed	Trainer
1	Bloodborne Pathogens Exposure						
2	Biohazard Waste Handling						
3	Infection Control/Universal Precautions						

	Training Area	Date Completed	Trainer	Date Completed	Trainer	Date Completed	Trainer
1	Fire Safety and Prevention						
2	Child/Elder/Domestic Violence Abuse						
3	Cultural and Linguistics						
4	Emergency medical procedures						
5	Emergency non-medical procedures (site evaluation, violence, and earthquake)						
6	Health Plan Referral Process/Procedure/Resources						
7	Informed Consent for invasive procedures						
8	Patient Confidentiality						
9	Prior Authorization						
10	Sensitive Services/Minor Rights						

Trainer Log

Name of Trainer	Area	Date of Training