**CMHPSM Provider Network Application & Re-Credentialing Application Attachment C: Staff Training**

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| **Provider Name:** |  | **Application Date:** |  | **Initial App:****[ ]  Renewal App:****[ ]**  |
| **Please include as many copies of Attachment C as necessary to cover all applicable staff members indicate page number(s):** | **Page #:** |  | **of:** |  |

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| **Staff Information** | **Staff Trainings (Please enter date of last verified training in MM/DD/YY format.)** |
| **#** | **Last Name** | **First Name** | **Position** | **Hire Date** | SUD Recipient Rights | Due Process Grievance & Appeals | Medicaid Integrity & HIPPA | (BID) Blood-borne / Infectious Disease | Level 1 Communicable Disease | Limited English Proficiency | Cultural Competency | FASD Assessments/ Training |
| 1 |       |       |       |       |       |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |       |       |       |       |       |
| 7 |       |       |       |       |       |       |       |       |       |       |       |       |
| 8 |       |       |       |       |       |       |       |       |       |       |       |       |
| 9 |       |       |       |       |       |       |       |       |       |       |       |       |
| 10 |       |       |       |       |       |       |       |       |       |       |       |       |
| 11 |       |       |       |       |       |       |       |       |       |       |       |       |
| 12 |       |       |       |       |       |       |       |       |       |       |       |       |
| 13 |       |       |       |       |       |       |       |       |       |       |       |       |
| 14 |       |       |       |       |       |       |       |       |       |       |       |       |
| 15 |       |       |       |       |       |       |       |       |       |       |       |       |
| 16 |       |       |       |       |       |       |       |       |       |       |       |       |
| 17 |       |       |       |       |       |       |       |       |       |       |       |       |
| 18 |       |       |       |       |       |       |       |       |       |       |       |       |
| 19 |       |       |       |       |       |       |       |       |       |       |       |       |
| 20 |       |       |       |       |       |       |       |       |       |       |       |       |