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

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| **Staff Information** | | | | | **Administrative Staff Requirements (Enter dates in MM/DD/YY format.)** | | | | | | | | | | | | | |
| Administrative Trainings | | | | | | | Requirements | | | | | | |
| **#** | **Last Name** | **First Name** | **Position** | **Hire Date** | Recipient Rights Initial Training | Most Recent Recipient Rights Training | Limited English Proficiency Training | Cultural Competence Training | Person Centered Planning Training | Due Process, Grievance & Appeals  Training | Medicaid Integrity HIPAA/HITECH Training | CMH Recipient Rights Background Check Date | CMH Recipient Rights Background Clear / Not-Clear | Criminal Background Check Date  (If Applicable) | Background Check Clear / Not-Clear  (If Applicable) | E-Verify / I-9 Verification Date | E-Verify / I-9 Clear or Not Clear |
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