

Safety and Member Rights Training

Provider and Staff Education Checklist

Clinic Name: _____

Address: _____

Name of Participant: _____

Title: _____ Hire date: _____

All providers and staff shall be educated on all required topics and complete all sections below. Please use a separate form for each participant.

* EDUCATION FORMAT LEGEND: L = LECTURE, SL = SELF LEARNING MATERIAL, O = OTHER: _____ D Perlas Rev 3/7/22

ANNUAL EDUCATION TOPICS: PLEASE CHECK BOXES (☐) WHEN COMPLETED	EDUCATION UPON HIRE:	ANNUAL RE- EDUCATION:	ANNUAL RE- EDUCATION:	ANNUAL RE- EDUCATION:
DATE:				
STAFF SIGNATURE:				
INSTRUCTOR SIGNATURE:				
EDUCATION FORMAT * (see legend):	☐ L ☐ SL ☐ O			
1. Biohazardous Waste Handling**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Bloodborne Pathogens Exposure Prevention**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Infection Control/ Universal Precautions**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Child/Elder Abuse/Domestic Violence Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cultural and Linguistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Disability Rights and Provider Obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Emergency Medical Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Emergency Non-Medical Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Fire Safety/Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Grievance/Complaint Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Health Plan Referral Process/Procedure/Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Informed Consent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Patient Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Prior Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Sensitive Services/Minors Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

** Training required annually