

# Dane County CCS Ongoing Training Log

Year: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Each staff member must receive at least 8 hours of training each year which is designed to increase their knowledge and skills related to providing psychosocial rehabilitation services.

**\*Documentation of each training must be submitted with the completed training log.**

<u>Training</u>	<u>Date</u>	<u>Method</u> (webcast, workshop, etc.)	<u>Hours</u>

\_\_\_\_\_  
Employee Date

I certify that this staff member has met the annual training requirements for CCS as outlined in DHS 36.

\_\_\_\_\_  
Supervisor Signature Date