

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> (e.g. reading, webcast, workshop)	<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