



**Community Mental Health Services
of
Muskegon County
TRAINING REGISTRATION/CANCELLATION FORM**

TODAY'S DATE _____

- REGISTRATION
- CANCELLATION ~ CLASS AND DATE TO CANCEL _____
- RESCHEDULE ~ ~ (INDICATE CLASS AND DATE BELOW)

EMPLOYEE NAME _____

SUPERVISOR'S SIGNATURE _____

CORPORATION/HOME _____ WORK PHONE NUMBER _____

(Refer to your contract to determine the required classes for your employees.)

Indicate the dates of the classes you would like your employee to attend.			
CLASS NAME	Date	CLASS NAME	Date
Introduction to WW DD/MI , and Role of Staff as Trainer/Coach (6 hours)		Cultural Competence/LEP (3 hours)	
Preventing Disease Transmission in the Workplace (2.5 hours)		NAPPI (3 days) (19.5 hours)	
Recipient Rights (3.5 hours)		Wheelchair Lifts & Tie-Downs (2 hours)	
Health Maintenance (6 hours)		Intro to HIPAA (1 hour)	
CPR/First Aid (6 hours)		Intro to Corporate Compliance (45 minutes)	
CPR (4 hours)		Communicating with People Who Are Non-Verbal (1.5 hours)	
Nutrition & Food Safety (3 hours)		Preventing Disease Transmission in the Workplace Update (1 hour)	
Documentation/Charting (2 hours)		Recipient Rights Update (1 hour)	
Medication Administration (6 hours)		PCP Update (1.5 hours)	
Wellness & Recovery (3 hours)		NAPPI Update Psychological Skills (6 hours)	
Person-Centered Planning and Self-Determination (2 hours)		NAPPI Update Physical Skills (3.5 hours)	
Fire Safety & Managing Environmental Emergencies (3 hours)		Medication Administration Update (1.5 hours)	
Positive Techniques For Challenging Behaviors (3 hours)			
Lifting, Feeding, and Range of Motion (2 hours)			

PHONE: (231) 724-6057

FAX: (231) 724-4539

A \$20 No-Show fee will be charged for trainees who are registered but do not attend class, if the training unit is not notified of the cancellation by fax or phone at least 24 hours in advance. **This fee applies to classes held in Muskegon and Grand Haven.**