

Provider Certification – Adult Services Worker
OAC 5123:2-5-01 (C) (1) (c) (e)
Effective 4/1/2017

(Printed) Name: _____ Classification: _____

Date of Hire: _____

<i>Topic(s)</i>	<i>Date of Training</i>	<i>Signature of Verifier</i>
<p>(C) (1) Adult services worker:</p> <p>(c) During the first year of employment as an adult services worker, the employee shall:</p> <p style="padding-left: 40px;">(i) Be assigned and have access to a mentor employed by the county board; and</p> <p>(e) Successfully complete on-the-job training specific to each individual he or she serves that includes:</p> <p style="padding-left: 40px;">(i) What is important to the individual and what is important for the individual; and</p> <p style="padding-left: 40px;">(ii) The individual’s support needs including, as applicable, behavioral support strategy, management of the individual’s funds, and medication administration/delegated nursing.</p>		

I have received the training as outlined on this orientation form.

Employee’s Signature

Date