Attachment A – Staff Credentialing & Training

 Provide staff credentialing (pg. 1) and training (pg. 2) information. *Additional sheets may be attached if needed.*

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| --- | --- | --- | --- | --- | --- | --- |
| Full Name (Last, First, Middle) | Title | License # | License Exp. Date | MCBAP Credential | MCBAP Exp. Date | Date of Last CBC |
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| Name of professional providing supervision to the staff above per credentialing and supervision requirement: |
| Name:  | Credentials:  |

Please enter date of last training in MM/DD/YY format

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| Full Name (Last, First, Middle) | Title | Date of Hire | Recipient Rights | Grievance & Appeals | HIPPA | Level 1 Communicable Disease | Limited English Proficiency  | Cultural Competency |
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