

Para-Professional  
Provider Qualifications  
(15.2.C and 2.4) Medicaid Provicer Manual

<b>NORTH COUNTRY COMMUNITY MENTAL HEALTH</b>						
Notes: <b><u>This must be current at all times and you must have supporting documentation as it may be requested at any time.</u></b>						
PROVIDER: <b>Quality AFC</b>	Hire Date	FY ____	FY ____	FY ____	FY ____	FY ____
Name:						
Job Title:						
Location:						
Date of Hire:						
Date of Criminal Record Check: Prior to date of hire, then every two (2) years						
Proof of age (ex. Driver's License, MI I.D.)						
Date of Training in Prevention of Communicable Diseases: (Example: Bloodborne Pathogens) Annually						
Date of training in CPR/First Aid and Emergency Procedures: (Example: training log, CPR/FA card) Within 30 days of Hire, then every two years						
Date of training for beneficiary-specific IPOS: (Example: signature on IPOS or training log) Annually						
Date of original CPI training and CPI updates if required in the client's IPOS.						
Recipient Rights training\ Within 30 days of hire, then Annually.						