

CCS Provider Orientation and Ongoing Training Plan

Name of

Organization: _____

CCS Training Requirements:

- **20 hours** (for new employees with 6 months experience)
- **40 hours** (for new employees with less than 6 months experience and volunteers)
- **8 hours per year for ongoing training** (annual renewal)

Because our agency will be certified according to a number of administrative code requirements, we propose that we meet the CCS training requirements in the following way:

Duration in hours	TRAINING TOPIC
	*required within three months of employment
	*DHS 36
	*CCS Policy and Procedure Manual See Appendix 2
	*Progress Notes/Record Keeping
	*HSS 92 - Confidentiality
	*HSS 94- Participant Rights
	*Civil Rights Law and ADA
	*Recovery Concepts and Principles
	*Training on Mental Health
	Trauma Informed Care
	Person-Centered Planning
	Other Topic:

TOTAL HOURS OF TRAINING PROVIDED: _____

Administrator Signature: _____ Date: _____

Return this form annually on or before January 31st of each year to:

New Horizons North
514 West Main Street
Ashland, WI 54806

CCS Orientation and Training Program Log

Provider: _____ Staff Name: _____

Position: _____ Required by (date): _____

Training Hours, circle one: 20 (for new employees with 6 months experience) 40 (for new employees with less than 6 months experience and volunteers) 8 (annual renewal)

Date of Completion	Duration in hours	Employee Initials	Supervisor Initials	TOPIC *required within three months of employment
				*DHS 36
				*CCS Policy and Procedure Manual See Appendix 2
				*Progress Notes/Record Keeping
				*HSS 92 - Confidentiality
				*HSS 94- Participant Rights
				*Civil Rights Law and ADA
				*Recovery Concepts and Principles
				*Training on Mental Health
				Trauma Informed Care
				Person-Centered Planning
				Other Topic:

TOTAL HOURS: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

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