

**WEST VIRGINIA I/DD WAIVER
CERTIFICATE OF TRAINING**

Name of Person Who Receives Services		Date of Training	
Name of Trainer		Trainer's Agency	
Training Start Time		Training Stop Time	
Training is valid from:		Training is valid until:	

Location of Training	<input type="checkbox"/> Home of Person Who Receives Services <input type="checkbox"/> Agency Office <input type="checkbox"/> Supported Employment <input type="checkbox"/> Facility DH <input type="checkbox"/> Community <input type="checkbox"/> Other (describe): _____		
----------------------	--	--	--

Trained on the following items listed below. Specific procedure/techniques/methods may be found attached to the Individual Program Plan.

1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

I certify that I have received training on the items listed above. I will contact the Trainer if additional training is needed or for any questions.

Printed Name of Person Trained	Signature of Person Trained	Title of Person Trained

Signature and Credentials of Trainer		Date	
--------------------------------------	--	------	--