

Attachment B

Staff Training Verification



Department of
Developmental Disabilities

Developmental center

Provider administrator name	Provider agency name
Name of staff trained	Individual(s)
List dates and specific times of training	Anticipated move date out of the developmental center

I attest that the information above is accurate and reflects actual training of provider staff with individuals listed above.

Administrator or designee

Date

The above information was presented to the provider. As the provider, I understand the incentives but do not wish to participate in the training from the developmental center.

Developmental center superintendent or designee

Date

Note: Limited to \$500 per individual; effective September 1, 2015