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| --- | --- | --- | --- | --- |
| **Provider Name:** |  | **Application Date:** |  | **Initial App:****[ ]  Renewal App:****[ ]**  |
| **Please include as many copies of Attachment A as necessary to cover all applicable staff members indicate page number(s):** | **Page #:** |  | **of:** |  |

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| **Staff Information** | **Administrative Staff Requirements (Enter dates in MM/DD/YY format.)** |
| Administrative Trainings | Requirements |
| **#** | **Last Name** | **First Name** | **Position** | **Hire Date** | Recipient Rights Initial Training | Most Recent Recipient Rights Training | Limited English Proficiency Training | Cultural Competence Training | Person Centered Planning Training | Due Process, Grievance & AppealsTraining | Medicaid Integrity HIPAA/HITECH Training | CMH Recipient Rights Background Check Date  | CMH Recipient Rights Background Clear / Not Clear | Criminal Background Check Date (If Applicable) | Background Check Clear / Not Clear (If Applicable) | E-Verify or I-9 Verification Date | E-Verify / I-9 Clear or Not Clear |
| 1 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 7 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 8 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 9 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 10 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 11 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 12 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 13 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 14 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 15 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 16 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 17 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 18 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 19 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| 20 |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |