DIRECT CARE ORIENTATION TRAINING CHECKLIST, PART 1

(Must be completed prior to working independently)

Name:	Date of Hire:				
Module	Date Completed	Total Time	Trainer Name/ Qualifications	Trainer Signature	Employee Signature
Module 1: Introduction and Orientation		1 hour			
Module 2: Special Needs of the Elderly		2 hours			
Module 3: Delivering Personal Care		2 hours			
Module 4: Understanding California Medication Regulations		1 hour			
Module 5: Psychosocial Care		1 hour			
Module 6: Emergency Procedures		2 hours			
Module 7: Introduction to Dementia Care		3 hours			
Module 8: Alzheimer's Special Care Needs		3 hours			
Module 9: Respecting Diversity		1 hour			
Module 10: Postural Supports		1 hour			
Module 11: Restricted Conditions		2 hours			
Module 12: Hospice Care		1 hour			

Supervisor Signature

TOTAL TRAINING TIME: 20 HOURS

Employee Signature:

DIRECT CARE ORIENTATION TRAINING CHECKLIST, PART 2

(Must be completed within four weeks of employment)

Name:	 Date of Hire:			

Module	Date Completed	Total Time	Trainer Name/ Qualifications	Trainer Signature	Employee Signature
Module 1: Special Needs of the Elderly		1 hour			
Module 2: Delivering Personal Care		8 hours			
Module 3: Psychosocial Care		2 hours			
Module 4: Responding to Resident Emergencies		3 hours			
Module 5: Caring for Residents with Dementia		6 hours			
Module 6: Successful Completion of all Hands-On Checklists		16 hours, (included in the above modules)			
TOTAL TRAINING TIME: 20 HOURS, INCLUDES 16 HOURS OF HANDS- ON TRAINING	Supervisor			Employee Signatu	ıre: