*Employers of record (EORs)**who are directing services through participant direction are required to take Participant Direction Employer Training developed by the Wyoming Department of Health, Division of Healthcare Financing (Division). Once you complete this training, you must* ***complete this form and retain in your files. You may be required to demonstrate your participation in this training upon the request of the Division****.* ***It is your responsibility as the EOR to identify gaps in your knowledge and address it through additional training.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |   | **Date:** |   |
| **Training:** |   |

1. Write a short summary of the information that was presented in this training.

1. What did you find most interesting in this presentation? Explain why.

1. What did you find most helpful in this training? Explain why.

1. How can you use what you’ve learned to improve your ability to perform your duties as an EOR?

1. In what areas do you need more information or clarification?

[ ]  I attest that I will assure that each employee I hire will complete trainings required by the Division. I further attest that I will conduct necessary follow-up to assure that identified areas of clarification have been addressed.

EOR Signature