*Providers and case managers delivering Community Choices Waiver services are required to participate in trainings identified by the Wyoming Department of Health, Division of Healthcare Financing (Division). This form must be completed by each staff member attending the training. A single form for all staff will not be accepted.* ***Please complete this form for each training you complete and, if applicable, submit it to your employer to include in your personnel file.  You or your employer will be required to demonstrate your participation in each training upon the request of the Division****.*

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

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

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 the services you deliver?

1. On what subject do you need more information or clarification?