

Provider Continuing Education Tracking Record



Provider/Employee Name: _____ Certification Period (MO/YR) _____ to _____

Service Provided

- Case Management** – A case manager shall obtain and provide **evidence of eight (8) hours** of continued education relating to the delivery of case management services during each year of certification.
- Individual Habilitation Training** – A provider of individual habilitation training shall complete **eight (8) hours of continued education** in any of the following areas: specific disabilities or diagnosed conditions relating to the population served; writing measurable objectives; gathering and using data to develop better training programs; or training modules posted by the Division.

Educational Opportunity	Link to Online Training	Instructor / Producer	Date(s)	Hours
Total Hours				

To receive consideration for hours completed, please submit copies of training certifications, certificates of completion, or formal agendas for each educational opportunity listed above.

Provider's Name (please print) _____ Provider's Signature: _____ Date: _____