DEFINITIONS: Date: The day, month and year of the training Title: Name of the in-service/training Hours: The length in time of the in-service/training lasted 0 - 15 minutes 0.25 16 - 30 minutes 0.50 31 - 45 minutes 0.75 46 - 60 minutes 1.00 SIGNATURE: Required A signature is required from the person giving/ teaching the in-service/training. If a video was shown, the signature of the Project Director or an authorized designee will be accepted. **VERIFICATION** This is to certify that Care Coordinator for the _____(Project's Name) obtained the required training hours needed to maintain his/ her certification as an Access Care Coordinator per Chapter 1, Section 11 (a) A., of the Wyoming Home Services Rules and Regulations. Project Director Signature: Date: *Project Directors must have a Board Member's signature or Supervisor. **OFFICE USE ONLY:** Date received: Returned: Approved by:: Reasons: Certification Expiration:

WYOMING DEPARTMENT OF HEALTH AGING DIVISION COMMUNITY LIVING SECTION

Wyoming Home Services & National Family Caregiver Support Program

Contact Hours



June 30, 2026

FISCAL YEAR:
JULY 1, 2025—JUNE 30, 2026

	NAME:	
	AGENCY:	
W /		
Wyoming		
Department	DATE:	
of Health		



Certification of Access Care Coordinators

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RULES Chapter 1 Wyoming Home Services

Section 11. Care Coordination.

All grantees shall employ a case manager.

Case Manager Qualifications:

- -Be at least 21 years of age;
- -Meet at least one of the following criteria:

-Have completed at least forty-eight (48) semester hours or seventy-two (72) quarter hours of post-secondary education in health care, elderly care, health management, facility management, or other related fields from a college or institution.

-Have at least two (2) years of experience in social services working with the elderly or people with disabilities.

Access Care Coordinator responsibilities include, but are not limited to:

- -Complete contact hours of job related continuing education, each State fiscal year starting July 1 through June 30, as specified by the Division;
- -Perform Client assessments as specified in Section 13 of the Rules; and,
- -Monitor all service provisions.

Aging Division Community Living Section

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Contact Hours Continuing Education Units

Requirements:
Date, Title of the Program, Number of Hours, and Trainer

DATE:	TITLE:	HOURS: SIGNATURE:	
	TOTAL HOURS		