

**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 \_\_\_\_\_, Access

Care Coordinator for the \_\_\_\_\_, has  
(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**

**BOOKLET IS DUE BY: June 30, 2026**



**FISCAL YEAR:**  
**JULY 1, 2026—JUNE 30, 2027**



Wyoming  
Department  
of Health

NAME: \_\_\_\_\_

AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_

