



ANNUAL TRAINING AND TESTING CERTIFICATION

As an employee of Dependable Staffing Services, I hereby certify that I have viewed/reviewed and successfully completed the following videos/documents and exams found at dependabletraining.com.

REQUIRED ANNUAL TRAINING FOR ALL EMPLOYEES:

Date Completed: _____ Bloodborne Pathogens Infection Control
(Post Training Exam Required)
Date Completed: _____ Preventing Violence in the Workplace
Date Completed: _____ Healthcare Facility Fire Prevention
Date Completed: _____ HIPAA (Post Training Exam Required)
Date Completed: _____ Sexual Harassment Prevention
Date Completed: _____ Proper Body Mechanics Back Safety
Date Completed: _____ Hazerdous Waste and Chemicals
Date Completed: _____ Universal Precautions

REQUIRED TESTING FOR ALL EMPLOYEES:

Date Completed: _____ HIPAA Post Training Exam
Date Completed: _____ Bloodborne Pathogens Infection Control Post Training Exam

DEPARTMENT SPECIFIC TRAINING:

Date Completed: _____ Laundry Room Safety (Environmental Services)
Date Completed: _____ Age Specific Competencies (Nursing)
Date Completed: _____ Medicare Fraud and Abuse Prevention (Pharmacy)
Date Completed: _____ TB Training (Hospital Staff)

DEPARTMENT SPECIFIC TESTING:

Date Completed: _____ Behavioral Health Tech / Teachers Aide (Behavioral)
Date Completed: _____ Certified Nursing Assistant / Caregiver (Nursing / Private Care)
Date Completed: _____ Registered Nurse / Licensed Practical Nurse (Nursing)
Date Completed: _____ Specialty Nursing Exams (Nursing) Pharmacology - Post Partum
L & D - Nursery - NICU - PICU - Pediatrics - Psych - Tele - ER
CCU – CVICU - Urgent Care - ICU - O/R - NICU – Pediatrics
Date Completed: _____ Registered Pharmacist / Certified Pharmacy Tech (Pharmacy)
Date Completed: _____ Medical Assistant / Phlebotomist / Radiology / Respiratory (Allied)
Date Completed: _____ Medical Terminology (Allied, Clerical)

Employee Signature

Date

Dependable Staffing Signature

Date