



Annual Training Answer Sheet 2021

Community Living Experiences, Inc.

Please fill in the dots completely

Print Name _____

The Bill of Rights for People with Developmental Disabilities and the NADSP Code of Ethics

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Intro to Empathy Based Care

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Individuals Service Plans (ISPs)

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Valued Roles

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Supporting People with Dual Diagnosis

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Major Unusual Incidents and Unusual Incidents

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Abuser Registry

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Infection Control, Blood Borne Pathogens, Coronavirus Disease, and Universal Precautions

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Review of 2020 Health and Welfare Alerts

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Home Safety

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Choking and Foods

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Responding to a Person In a Crisis

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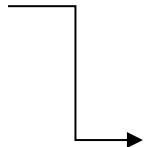
3

You must pass with a score of at least 75%

My signature verifies that I have completed and comprehend the above trainings.

Signature _____

Date _____



This form must be faxed (614-588-0329) or emailed (timesheets@cleohio.com) to CLE for approval prior to seeking compensation.

You must pass with a score of at least 75%

Once approved, you must come to the CLE Main Office (Columbus) during one of the designated time-frames with your current

Driver's license

First Aid & CPR

Proof of auto insurance cards

Proof of COVID-19 vaccination if applicable.


*Refer to website for designated time-frames.
A copy will be made of these upon your arrival.
You must complete your annual training packet.

Compensation will be approved and received after all verifications are completed.

Print Name:	
Mailing Address:	Is this a new address? Yes No
Cell Phone #	
Email Address:	
Emergency Contact Name:	Emergency Phone #
Have you received Coronavirus (COVID-19) vaccine? (Circle One) Yes No	
If yes, Which Vaccine? (Circle One) Pfizer Moderna Johnson & Johnson	
Which steps have you completed? (Circle all that apply) Step1 Step2 Booster	
Do you give us permission to use your photo/likeness in our media? (Facebook, Website, etc..)	
What are your interests/likes?	



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Signature _____

Date _____