Direct Care Worker (DCW) Training Hours Documentation Form

DCW Name (print): ___________________________________

All DCWs are required to complete at least 6 hours of training hours annually starting January 1st and ending December 31st. Training hours documentation must be submitted to the UCPSA office to meet the requirements for continued employment. All training opportunities must be pre-approved by the agency to ensure they meet certain requirements. This form is to be used to document each time training hours are completed. Please attach any certifications or relevant paperwork related to the hours completed if applicable.

Training Hours completed:

☐ Training ☐ Orientation ☐ Conference ☐ Other

Description (Source):
______________________________________________________________________________
______________________________________________________________________________

One thing that stood out the most or that was most relevant to my position was:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I, ___________________________ attest that ___________ continuing education hours were completed on ___________ that directly relate to my position as a caregiver.
(First and last name) (number of hours) (date)

DCW Signature: _________________________   Date:___________________________

Administrative staff only:

☐ Hours approved – HR signature: _________________________________
☐ Copy to HR training file
☐ Copy to DCW