DEPARTMENT FOR COMMUNITY BASED SERVICES

TRIS NEO

NEW EMPLOYEE ORIENTATION ATTENDANCE FORM

TITLE OF TRAINING: New Employee Orientation

SSN: _____ - ____ - _____ **REGION:** _____

NAME: _____
FIRST LAST

EMPLOYEE TYPE: ☐ **CO** ☐ **FS** ☐ **P&P** *Please check one!*

Component	Type	Hours	Date Completed
Classroom Training			
Administrative Information	ALL	1.00	
Harassment Prevention	ALL	2.00	
Introduction to the Region and Continuous Quality Improvement	ALL	1.50	
Professional Development and Training	ALL	1.50	
Safety Overview, Code Adam and Active Shooter	ALL	2.00	
Technology and Information Management	ALL	2.00	
Moodle (WBT) Training			
Americans with Disabilities Act	ALL	1.00	ONLINE
Equal Employment Opportunity	ALL	2.00	ONLINE
HIPAA: Health Insurance Portability and Accountability Act	ALL	2.00	ONLINE
Kentucky Health Benefit Exchange and Medicaid Expansion	PP	0.25	ONLINE
Preventing Disease Transmission	ALL	2.00	ONLINE
Providing Language Access to Limited English Proficient Persons	ALL	3.00	ONLINE
Random Moment Sampling	ALL	1.00	ONLINE
Safety First	ALL	2.00	ONLINE
Targeted Case Management	PP	1.00	ONLINE
Understanding Substance Use Disorders in Kentucky Families	ALL	0.75	ONLINE

Note: All components in the Moodle/WBTsection designated as online, are automatically credited to participants upon completion.

RTCs: Please enter this data on the NEO Entry Page at
https://tris.eku.edu/dcbs/neo.asp

Revised: 5/19