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	Credit Hours	Date Completed
Classroom Training		
Administrative Information	1.00	
Harassment Prevention	2.00	
Introduction to the Region and Continuous Quality Improvement	1.50	
Professional Development and Training	1.50	
Safety Overview, Code Adam and Active Shooter	2.00	
Technology and Information Management	2.00	
Web-Based Training		
Americans with Disabilities Act	1.00	ONLINE
Equal Employment Opportunity	2.00	ONLINE
HIPAA: Health Insurance Portability and Accountability Act	2.00	ONLINE
Kentucky Health Benefit Exchange and Medicaid Expansion	0.25	ONLINE
Pre-Training Questionnaire for Family Support	0.25	ONLINE
Pre-Training Questionnaire for Protection and Permanency	0.25	ONLINE
Preventing Disease Transmission	2.00	ONLINE
Providing Language Access to Limited English Proficient Persons	3.00	ONLINE
Random Moment Sampling	1.00	ONLINE
Safety First	2.00	ONLINE
Targeted Case Management	1.00	ONLINE
Understanding Substance Use Disorders in Kentucky Families	0.75	ONLINE

Note: All components in the Web-Based Component section 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: 7/15