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|  | The Community Partnership for the Prevention of HomelessnessStaff Training Transcript – Security Contractors |

Please use this form to track and manage the TCP required training completion for your staff. This form may be requested by TCP staff for contract monitoring and at contract close out review. Certificates of completion may also be requested by TCP staff. Should TCP staff request certificates of completion, only trainings with an accompanying certificate will be considered. If you have any questions regarding this form, please contact the training team via email at training@community-partnership.org.

### Staff Information

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| Name of Staff: |  |  | Date of Hire: |  |

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| Contract Number of Staff Assignment: |  | Contract Period of Transcript: |  | Staff Title: |  |

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| Position Description (check all applicable): | Security  Administrative Staff | Executive Director  Financial Staff | Program Director/Manager |

### Staff Trainings

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| ANNUAL TOPICS  \*Training is required for each topic every contract period, or once every 18 months, whichever comes first | | | | |
| Training Topic | **Training Title** | **Date of Completion** | **Mandatory Staff** | **Time Frame for Completion** |
| ADA and Reasonable Accommodation |  |  | Security | **\*** |
| Assertive Engagement |  |  | Security | **\*** |
| Boundaries and Confidentiality |  |  | Security | \* |
| Conflict Resolution |  |  | Security | \* |
| Crisis Intervention |  |  | Security | \* |
| Cultural Competency |  |  | Security | \* |
| Emergency Preparedness |  |  | Executive directors and any staff involved in creating the emergency preparedness plan | \* |
| Language Access |  |  | Security | Within 90 days of hire, then annually\* |
| LGBT+ Cultural Competency |  |  | Security | \* |
| Medical Hypothermia |  |  | Security | Annually, between September and March\* |
| Non-coercive Approaches to Conflict Management |  |  | Security | \* |
| Non-violent Crisis Intervention |  |  | Security | \* |
| Synthetic Drug Usage |  |  | Security | Annually, between September and March\* |
| Trauma Informed Care |  |  | Security | Within first 120 days of hire, and then each subsequent contract period\* |

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| CERTIFICATIONS AND SYSTEMS TRAININGS†  †Trainings required once or when a specific certification expires, after initial completion. | | | | |
| Training Topic | **Date of Completion** | **If Applicable:** Date of certification expiration | **Mandatory Staff** | **Time Frame** |
| Fire Watch |  |  | Security | † |
| Narcan |  |  | Security | † |

### Acknowledgment

**By signing below, I verify that the staff person identified on this form has completed the trainings as noted on this transcript.**

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| **Signature** | **Date** |