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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-01229 (03/2019) | **STATE OF WISCONSIN**Bureau of Community Health PromotionChronic Disease Prevention & Cancer Control Section |
| wisewoman PROVIDER ASSURANCES AND TRAINING CHECKLIST |
| **SECTION 1 – CLIENT AND PROVIDER INFORMATION** |

| Provider Agency Name | Date Completed |
| --- | --- |
|       |       |
| WISEWOMAN Implementation Role (check all that apply) |
| [ ]  Management/Coordination [ ]  Screening [ ]  Healthy Behavior Support[ ]  Case Management [ ]  Data Entry |
| SECTION 2 – ALL STAFF INVOLVED IN IMPLEMENTING THE WISEWOMAN PROGRAM |
| Initial next to each statement that applies to you in your role with the WISEWOMAN Program. |
|       | 1. I assure that I have been trained by the Wisconsin WISEWOMAN Program staff on the mission and goals of the WISEWOMAN Program in addition to program policy and procedures, including screening and referral, patient-centered risk counseling, motivational interviewing, provider roles and responsibilities, and reporting.
 |
|       | 1. I assure that I will follow the WISEWOMAN Program policy and procedures as outlined in the WISEWOMAN Policies and Procedures Manual.
 |
| SECTION 3 – STAFF PROVIDING THE SCREENING COMPONENT |
| Initial next to each statement that applies to you in your role with the WISEWOMAN Program. |
|       | 1. I assure that I have been trained to conduct blood pressure screening.
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|       | 1. I assure that I will follow the WISEWOMAN Program procedure for accurate blood pressure monitoring.
 |
|       | 1. I assure that I have been trained to conduct waist circumference measurement.
 |
|       | 1. I assure that I will follow the WISEWOMAN Program procedure for accurate waist circumference measurement.
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|       | 1. I assure that I have been trained by the manufacturer’s representative on how to use the Cholestech LDX® machine and the DCA VantageTM analyzer and that I will follow the manufacturer procedures for glucose, cholesterol and A1c measurement and quality control as outlined in the Cholestech LDX® System User Manual, the Cholestech LDX® System Procedure Manual and the DCA VantageTM Operator’s Guide.
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|       | 1. I assure that I will participate in the WISEWOMAN Quality Improvement Process related to all screening service components in order to ensure each WISEWOMAN client receives accurate screening results, quality care, and appropriate di-directional referral to a Healthy Behavior Support Services as determined by her motivation level and risk factors.
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| SECTION 4 – STAFF PROVIDING HEALTHY BEHAVIOR SUPPORT SERVICES COORDINATION |
| Initial next to each statement that applies to you in your role with the WISEWOMAN Program. |
|       | 1. I assure that I have been trained by WISEWOMAN Program staff on how to provide program coordination support.
 |
|       | 1. I assure that I will follow all protocols as outlined in the WISEWOMAN Policy and Procedures Manual.
 |
| SECTION 5 – STAFF PROVIDING HEALTH COACHING  |
| Initial next to each statement that applies to you in your role with the WISEWOMAN Program. |
|       | 1. I assure that I have been trained by WISEWOMAN Program staff on how to provide health coaching services.
 |
|       | 1. I assure that I will follow all health coaching protocols as outlined in the WISEWOMAN Policy and Procedures and Health Coaching Manuals.
 |
| SECTION 6 – STAFF PROVIDING MEDICAL CARE CASE MANAGEMENT |
| Initial next to each statement that applies to you in your role with the WISEWOMAN Program. |
|       | 1. I assure that I have been trained by WISEWOMAN Program staff about the requirements of the case management component of the program.
 |
|       | 1. I assure that I will follow all protocols as outlined in the WISEWOMAN Policy and Procedures Manual.
 |
| SECTION 7 – STAFF ENTERING DATA |
| Initial next to each statement that applies to you in your role with the WISEWOMAN Program. |
|       | 1. I assure that I have been trained by WISEWOMAN Program staff to enter data into the Wisconsin WISEWOMAN database.
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|       | 1. I assure that I will enter data into the Wisconsin WISEWOMAN database within 3 working days after the client is seen or as soon as possible after receiving information from the health care provider.
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| SECTION 8 – STAFF PROVIDING COORDINATION |
| Initial next to each statement that applies to you in your role with the WISEWOMAN Program. |
|       | 1. I assure that I will ensure that all protocols of the Wisconsin WISEWOMAN Policies and Procedures Manual are met.
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|       | 1. I assure that I will participate in quality assurance oversight for all WISEWOMAN Program services.
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|       | 1. I assure that I will ensure accurate financial accounting for WISEWOMAN funding.
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| SECTION 9 – CONTINUING EDUCATION |
| Indicate all professional development activities, along with their corresponding dates completed, related to your WISEWOMAN Program service role that you have attended in the program reporting year. |
| Title of Professional Education Encounter | Date Completed |
|       |       |
| Title of Professional Education Encounter | Date Completed |
|       |       |
| Title of Professional Education Encounter | Date Completed |
|       |       |
| Title of Professional Education Encounter | Date Completed |
|       |       |
| Title of Professional Education Encounter | Date Completed |
|       |       |
| **SIGNATURE** – Provider | Date Signed | Print Name of Provider |
|       |       |