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

| Provider Agency Name | | | | | Date Completed |
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| 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. | | | | |
|  | 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. | | | | |
|  | 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. | | | | |
|  | 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. | | | | |
| 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. | | | | |
|  | 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. | | | | |
| 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. | | | | |
|  | 1. I assure that I will participate in quality assurance oversight for all WISEWOMAN Program services. | | | | |
|  | 1. I assure that I will ensure accurate financial accounting for WISEWOMAN funding. | | | | |
| 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 | |
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| Title of Professional Education Encounter | | | | Date Completed | |
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| Title of Professional Education Encounter | | | | Date Completed | |
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| Title of Professional Education Encounter | | | | Date Completed | |
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| Title of Professional Education Encounter | | | | Date Completed | |
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| **SIGNATURE** – Provider | | Date Signed | Print Name of Provider | | |
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