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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-02435 (12/2018) | | **STATE OF WISCONSIN** | |
| **SUPPORT AND SERVICE COORDINATOR WAIVER BASICS TRAINING**  **REQUIREMENT ATTESTATION** | | | |
| **INSTRUCTIONS:** After completing Part 1 of the Waiver Basics training and passing the exam, newly hired support and service coordinators (SSC) have six months to complete Part 2 of the training.  A certificate of completion is not issued for all required online trainings. In these cases, either use this form or develop an attestation stating the required trainings have been taken within the first six months of employment. The document should be signed by both the employee and supervisor. Keep a copy of the attestation in your file. | | | |
| Support and Service Coordinator Name | | | Start Date |
|  | | |  |
| Email Address | County Waiver Agency Name | | Supervisor Name |
|  |  | |  |
| **TRAINING COMPLETED** | | | |
| Name of Training | | | Completion Date |
|  | | |  |
| Name of Training | | | Completion Date |
|  | | |  |
| Name of Training | | | Completion Date |
|  | | |  |
| **SIGNATURES** | | | |
| **SIGNATURE** – Support and Service Coordinator | | | Date Signed |
|  | | |  |
| **SIGNATURE** – Supervisor | | | Date Signed |
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