

Documentation of Homeless Patient Discharge Planning Training

This form should be completed for each homeless patient discharge planning training course.

1. Title of course: _____
2. Length of course (in hours): _____
3. Training dates and times: _____

4. Objectives of the education program: _____

5. Name, title and qualifications of instructor(s): _____

6. Description of content of education program: _____

Signature of person completing this form: _____

Name of person completing this form (please print clearly): _____

Title: _____

Phone number: _____

Date and time of completion: _____ AM / PM

NOTE: Attach the following information to this sheet:

1. Names and job titles of all persons attending the training sessions
2. Written evaluation of the course content by attendees
3. Written materials distributed or shown to attendees

CDPH licensing regulations require that orientation and competency validation must be documented in the employee's file and be retained for the duration of the individual's employment.

