

Homecare Supervisor Pre-Training Verification

Choose a Training Date:

- | | | |
|-------------------------------------------|-------------------------------------------|---------------------------------------|
| <input type="checkbox"/> November 4, 2021 | <input type="checkbox"/> February 3, 2022 | <input type="checkbox"/> May 5, 2022 |
| <input type="checkbox"/> December 2, 2021 | <input type="checkbox"/> March 3, 2022 | <input type="checkbox"/> June 2, 2022 |
| <input type="checkbox"/> January 6, 2022 | <input type="checkbox"/> April 7, 2022 | <input type="checkbox"/> July 7, 2022 |

Each item below must be checked (☑) for the Pre-Training Verification to be valid.

- Trainee meets qualifications for the position of a Homecare Supervisor as noted in Rule Section 240.1535; *In-home Service Staff Positions, Qualifications, Training and Responsibilities*: <http://www.ilga.gov/commission/jcar/admincode/089/089002400O15350R.html>
- Trainee passed the required Background Check [see Rule Section 240.1520(o)(1-2); *Provider Responsibilities*]
- Trainee watched the Pre-Training Videos 1-4. Use link below: <https://www2.illinois.gov/aging/forprofessionals/Training/Pages/Home-Care-Supervisor.aspx>
- Completed Pre-Training Verification emailed as an attachment to AGING.Training@illinois.gov

NEW: The WebEx link will be emailed to the manager who signed at the bottom of this page. **YOU are responsible for sending the link to the HOST Supervisor trainee**, and ensuring that they register and attend the webinar.

Note: All verification forms must be received no later than **24 hours prior** to the start of the webinar. They will **not** be the day of the webinar.

Please type or print legibly:

Agency and Address (include city)	PSA	Trainee's First Name	Trainee's Last Name	Trainee's Valid Email Address

Supervisor Validation Section cannot be signed until all information above has been completed.

Supervisor: I validate with my signature that the supervisor trainee completed the required pre-training in its entirety and meets all qualifications for the position of Homecare Supervisor per Illinois Rule. *Trainees cannot validate their own training. I understand that I will provide the link to the trainee(s) who needs to attend this training.*

Printed Name: _____ Email: _____
(Trainee's Supervisor)

Signature: _____ Date: _____