

ATTESTATION OF MANDATED TRAINING COMPLETION

Self-Directed Services

Incident Management and Prevention Training

I hereby attest that I have completed the employee Incident Management and Prevention System (IPMS) Training for Alabama Department of Mental Health – Division of Developmental Disabilities Self-Directed Services. I have reviewed the recorded training and all associated guidelines and forms. I understand the importance of reporting critical incidents as described in the training and have access to required reporting forms.

I understand that I am responsible for complying with reporting requirements and the time frame for which incident reports and/or incident notifications are to be submitted to the Support Coordinator assigned to the individual I serve.

Employee Attestation

Employ Name (Please Print):

Employee Signature:

Date:

IPMS Training Completed On

Date:

Employer of Record (EOR) Attestation

☐ I hereby confirm that the individual named above has completed the mandated IPMS training for Self-directed Services.

☐ As the Self-Directed EOR, I have reviewed the training and understand incident reporting requirements as stated above and in the training.

EOR Name (Print)

Signature:

Date:

Address:

Phone Number:

This form must be included in the Employee packet and submitted packet to the FMSA