



2017 Homecare Supervisor Pre-Training Verification January – June Webinar Schedule

IN-HOME CARE SUPERVISORS:

This form must be verified by the provider agency management/supervisor who oversees the Homecare Supervisor Trainee participating in this webinar training. The completed pre-test answer sheets and pre-training verification forms must be returned to IDoA to receive information on the live webinar class.

Each section **must** be checked (x) for this verification/registration to be valid.

- Trainee has met 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/089/089002400015350R.html>
- Homecare Supervisor Trainee has completed the IDoA HOST *PRE-Test*.
YOU MUST SEND COMPLETED PRE-TEST ANSWER SHEET WITH THIS FORM!
- Trainee has viewed all HOST DVDs, utilized self-quizzes within training materials, and completed the tutorial with a Supervisor.

Choose session below; held on first Thursday of each month:

- January 5, 2017
- February 2, 2017
- March 2, 2017
- April 6, 2017
- May 4, 2017
- June 1, 2017

NOTE NEW Webinar time: 1:30 pm to 3:30 pm

Agency (include city)	PSA	First Name of Trainee	Last Name Trainee	E-mail Address

The Supervisor Validation Section below is not to be filled out until each box above has been checked.

VALIDATION NEEDED: (to be completed before the webinar).

Supervisor: I validate with my name that the above named trainee completed the required pre-training in its entirety and meets all qualifications for the position of Homecare Supervisor per Illinois Rule.

Full Name of Supervisor (Trainee's Supervisor):	
Phone:	E-mail:

E-mail or FAX the validated form to: Lori.Brannan2@illinois.gov OR FAX to: (217) 558-3825



2017 Homecare Supervisor Pre-Training Verification

Trainee's Name: _____ Agency: _____

Date: _____ (Choose date from list) Trainee's Supervisor: _____

Please note: The Pre-Test is to be completed BY THE **TRAINEE BEFORE** any training begins.

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|----|-----|-----|-----|
| 1. | 6. | 11. | 16. |
| 2. | 7. | 12. | 17. |
| 3. | 8. | 13. | 18. |
| 4. | 9. | 14. | 19. |
| 5. | 10. | 15. | 20. |

The Pre-Test (with 20 questions-updated in 2015) should be maintained by each agency along with the rest of the pre-training materials and DVDs. If a copy is needed, please send request to: Lori.Brannan2@Illinois.gov