



Application and Reapplication Supplement for Youth Care Facilities – Staff Roster

NAME OF FACILITY: _____

| Staff Person's Name | Title / Position | Date of Hire | Orientation Hours ARM 37.97.142 (3) | Annual Training Hours ARM 37.97.142 (7) | CPR Certification or Recert Date ARM 37.97.142 (5) | First Aid Cert or Recert Date ARM 37.97.142 (5) | Crisis Intervention De-Escalation Training ARM 37.97.142 (5) and 37.97.172 | Physical Restraint Training (TGH Requirement) ARM 37.97.172 (3) |
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Signature: _____ Date: _____