

Application and Reapplication Supplement for Private Alternative Adolescent Residential and Outdoor Programs– Staff Roster

NAME OF PROGRAM: \_\_\_\_\_

Staff Person's Name	Title/Position	Date of Hire	Orientation Hours	Annual Training Hours	CPR Certification or Recert Date	First Aide Cert or Recert Date	Crisis Intervention De-Escalation Training	Physical Restraint Training (if applicable)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_