DIVISION OF HEALTH SERVICE REGULATION MENTAL HEALTH LICENSURE & CERTIFICATION SECTION STAFF WORKSHEET

Facility:	MHL#:	Surveyor	
Name: DOB:		Contact Information:	
Position/Title: Date of Hire:			
HCPR check w/ no sub. finding .0202(b)(4)	ngs of A/N		
State/National criminal check documentation (122C- 80)	ζ		
First Aid including seizure m .0202(h)	anagement		
CPR Heimlich Maneuver or e0202 (h)	quivalent		
Training on Alternatives to R Intervention 27E .0107	estrictive		
Training in Seclusion, Physic and Isolation Time Out 27E .0 annually)			
nterview: Date:	Tim	e: Place: _	
Surveyor:		Date:	