

SSHSP TRAINING ROSTER

RIC Name:	Date of Training:
Trainer(s):	Reviewer Name:

Type of Training

Medicaid Update Training <input type="checkbox"/>	Medicaid 101 Training <input type="checkbox"/>	Medicaid Software Support <input type="checkbox"/>	Medicaid Documentation Review <input type="checkbox"/>	Other _____
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Name (Last/First) <i>Please Type</i>	District/County/ Organization Name <i>Please Type</i>	Job Title <i>Please Type</i> <i>Use codes below when applicable</i>	E-Mail	Phone	Signature

SPED = Special Education Director MBC = Medicaid Billing Clerk SBO = School Business Official CO = Compliance Officer CFO = County Fiscal Officer