

NYS OFFICE OF MENTAL HEALTH
NYSPI Attestation of Completion of Mandated Training

NAME: _____

DEPARTMENT: _____

You must select one
REASON FOR COMPLETING AN ATTESTATION:
 New Employee
 No Computer Access
 Consultant/Volunteer/Intern
 OTHER _____

| ANNUAL SAFETY UPDATE |
|---|
| Zero Suicide |
| Fire Safety & Security/Emergency Evacuation/Active Shooter/ Fall Reduction/ Risk Management/Emergency Management |
| Workplace Violence Prevention in the Workplace |
| Domestic Violence Prevention in the Workplace |
| Infection Control Guidelines / Waste Management |
| Lab Safety / Right to Know Law |
| Equal Employment Opportunity: Rights & Responsibilities |
| Ethics for NYS Employees |
| Employee & Patient Relationship Policy |
| Gender Identity in the Workplace Training: A Toolkit for Employees |
| Privacy & Security of Health Information in NYS / OMH HIPAA Supplement/ Cyber Security Information & Security Awareness / Information Security |
| Internal Controls: Controlling Risk in the Workplace |
| Justice Center Code of Conduct |
| Language Access for Persons |
| Medicaid Compliance Training |
| Respect Policy & Procedures |
| Sexual Harassment Prevention in the Workplace |
| Reasonable Accommodation Public/Reasonable Accommodation Series (3 Parts) |
| Pharmaceutical Hazardous Waste Management |
| Employee Assistance Program |

Employee's Attestation:

I attest that I have completed the above courses by doing one of the following (*please check all that applies*):

- Reviewing the hard copy Viewing the CD / INTRANET version Attending Orientation

Please PRINT clearly:

First Name: _____ Last Name: _____

SIGNATURE: _____ DATE: _____

WORK FOR:

- STATE RFMH COLUMBIA VOLUNTEER OTHER: _____

EMAIL ADDRESS: _____

PLEASE RETURN TO THE DEPARTMENT OF STAFF DEVELOPMENT & TRAINING BY EITHER:

1. E-MAIL staffdevelopment@nyspi.columbia.edu
2. DELIVERING TO PARDES BUILDING –1ST FLOOR - ROOM 1906
3. SENDING TO MAILBOX #107 VIA INTERNAL MAIL