ADMINISTRATOR
CONTINUING EDUCATION

Administrator Name: _____

Facility Name: _____ Service Level _____ Date of Hire:_____

Note: Topics may include the following as they relate to planning and implementation of residential services: client services as described in program design, client=s rights, health and safety issues, client social and physical integration, the IPP Planning Team process, and development and implementation of IPP=s. [Section 56037 (a)]

DATE	PRESENTER	TOPIC	CERTIFICATE OF COMPLETION (Y OR N)	HOURS

(For each 12 month period, 8 hours required for Level 2, 12 hours required for Level 3 & 4)