MONTANA
Department of Public Health & Human Services

DPHHS - QAD/CRL-001
(REV 07/11)

Application and Reapplication Supplement for Youth Care Facilities - Staff Roster

NAME OF FACILITY: _____

Staff Person's Name	Title/ Position	Date of Hire	Orientation Hours ARM 37.97.142 (3)	Annual Training Hours ARM 37.97. 142 (7)	CPR Certification or Recert Date ARM 37.97.142 (5)	First Aid Cert or Recert Date ARM 37.97.142 (5)	Crisis Intervention De-Escalation Trng ARM 37.97-142 (5) and 37.97.172	Physical Restraint Training (TGH Requirement) ARM 37.97.172 (3)

Signature: _____

DATE: _____