

# PERSON CENTERED PLANNING 101 TRAINING ATTESTATION

Name (please print): \_\_\_\_\_

Agency Affiliation/Job Title: \_\_\_\_\_

My signature below indicates that (check all):

- I have reviewed the Person Centered Planning 101 self-study training on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.
- I have passed (scored 80% or higher) the Person Centered Planning 101 test on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.
- I have achieved functional competency in the training subject matter.
- I understand that if I have any questions regarding the training subject matter, I may contact the St. Clair County Community Mental Health Training Department for clarification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion of this training, please forward this training attestation to your organization's human resources/training representative.



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