

Hospice Inservice Record For Year

Staff Name/Title: _____

Social Security #: _____

Date of Hire: _____

| Inservice Title | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Total Hours |
|--|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|--------------------|
| Pain Management/Symptom Control | | | | | | | | | | | | | |
| Hospice Philosophy | | | | | | | | | | | | | |
| Bill of Rights/Rights of the Elderly | | | | | | | | | | | | | |
| Risk Management | | | | | | | | | | | | | |
| Infection Control Program | | | | | | | | | | | | | |
| Bloodborne Pathogen Program | | | | | | | | | | | | | |
| TB Program/Airborne Pathogens Program | | | | | | | | | | | | | |
| Ethics | | | | | | | | | | | | | |
| Professional Boundaries | | | | | | | | | | | | | |
| Advance Directives | | | | | | | | | | | | | |
| Body Mechanics | | | | | | | | | | | | | |
| Abuse, Neglect and Exploitation | | | | | | | | | | | | | |
| Safety in the Home Environment | | | | | | | | | | | | | |
| Medical Device Act | | | | | | | | | | | | | |
| Chemicals in the Workplace | | | | | | | | | | | | | |
| Emergency Preparedness | | | | | | | | | | | | | |
| HIPAA/Confidentiality | | | | | | | | | | | | | |
| CPR for appropriate staff | | | | | | | | | | | | | |
| Compliance Program | | | | | | | | | | | | | |
| Pediatrics (only required for staff of agencies that provide pediatric care) | | | | | | | | | | | | | |
| Total Hours | | | | | | | | | | | | | Total for Yr _____ |