**Annual School Staff Training Checklist**

**A TOTAL OF THREE CERTIFICATES/FORMS SHOULD BE PRINTED AND ATTACHED TO THIS SHEET**

**Name: School Year:**

* Bloodborne Pathogens Training Video (annually) [Bloodborne Pathogens Training Video](https://www.youtube.com/watch?v=gLeTNOVfh8o) - 7 min

I certify that I watched the Bloodborne Pathogens Training Video.

Staff Signature: ­­ Date:

* [Anti-Harassment Training](http://www.springfieldil.cmgconnect.org/) (annually) - approximately 40 minutes - If you have a Virtus account, you will use the same password and login as you have in the past as that has already been entered into this website by the Diocese.

I certify that I completed the training. **Certificate of completion is printed and attached.**

Staff Signature: ­­ Date:

* The Faculty and Staff Handbook and the Student and Family Handbook have been received, and I understand that I am responsible for reading and complying with the policies. I understand that the Pastor or Principal may amend or change the policy at its discretion without notice.

Staff Signature: ­­ Date:

* I have read and understand the Social Media Policy and IT Policy for the Diocese of Springfield. I agree to abide by these policies and also understand that the Diocese of Springfield in Illinois may amend or change the policy at its discretion without notice.

Staff Signature: ­­ Date:

* Epi-Pen Training (annually) [Epi Pen Training](https://www.youtube.com/watch?v=EN83hen4D-Y) - 4 min

I certify that I watched the Epi-Pen Training Video.

Staff Signature: Date:

* Asthma Training (annually) [Asthma Training](https://youtu.be/A80O2hjqxF0) - 13 min

I certify that I watched the Asthma Training Video.

Staff Signature: ­­ Date:

* DCFS Mandated Reporter Training (annually) [Mandated DCFS Training](https://mr.dcfstraining.org/UserAuth/Login%21loginPage.action) (approx. 45 min)

I took the self-directed, online DCFS Mandated Reporter Training.

# The CANTS form (a link at the end of the training)

**T WO sheets are attached.**

1. **The pdf or html Certificate (generated after your assessment and survey)**

Staff Signature: ­­ Date:

*(Add Diabetes Training and/or Seizure Training if applicable to your school)*