FTCA Educational Training Tracking Form

Please complete a separate FTCA Educational Training Tracking Form for **each additional** training offered by your health center in the following topic areas: *Obstetrical (OB)*, *Infection Control*, *HIPAA*, and *Areas of High Risk*.

Before submission, ***review all sections of this form*** to ensure accuracy and completeness of information. ***Fields 1–7 are required and forms missing any information will be considered non-compliant***. Attach ***each completed*** FTCA Educational Training Tracking Form to the appropriate section of the application 3(F) – 3(I).

Completing this form:

1. **Topic Area:** Select from Obstetrical Training, Infection Control Training, HIPAA Training, or Specific Areas of High Risk Training.
2. **Training Title:** Enter the title of the training.
3. **Brief Description:** Enter a brief description of the training.
4. **First Name:** Enter the staff member's first name.
5. **Last Name:** Enter the staff member's last name.
6. **Staff Type:** Select Clinical or Non-Clinical.
7. **Date Training Completed:** Select the date the staff member completed the training.
8. **Comments:** If you do not have a completion date for a staff member, provide the status and explanation in this field. Enter any other applicable comments.

Notes:

- *The dates entered must cover the period from January 1st to December 31st of the previous calendar year of submission. (Example: An application submitted in 2024 must include trainings completed in 2023.)*
- *Enter any comments to demonstrate remediation actions that have been implemented for staff who have not completed training in a timely manner.*

TRAINING INFORMATION

1. Topic Area		2. Training Title	
3. Brief Description			

If you need more rows beyond page 2, complete an additional FTCA Educational Training Tracking Form.

STAFF MEMBER INFORMATION

4. First Name *	5. Last Name *	6. Staff Type *	7. Date Training Completed *	8. Comments

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STAFF MEMBER INFORMATION

4. First Name *	5. Last Name *	6. Staff Type *	7. Date Training Completed *	8. Comments