



## Professional Development Recognition

The Oregon Home Care Commission recognizes homecare workers who are life-long learners and want to continue developing their skills as a homecare worker.

To qualify for Professional Development Recognition, homecare workers must complete 20 hours of Core, Safety, and Skills training classes and have a current CPR/First Aid certification card. Individual homecare workers may not have a "no show" rate greater than 30% for training class attendance.

### Core Training Classes - 10 hours

- Keeping It Professional (3.5 hours)
- Working Together (3 hours)
- Helping Caregivers Fight Fraud and Abuse (3.5 hours)

### Safety-Related Classes - 5 Hours

- Protect Against Sprains and Strains (3.5 hours)
- Taking Responsibility in Personal Safety (3 hours)
- Preventing Disease Transmission (2 hours)

### Skills Training Classes - 5 Hours

Homecare workers may select **any** of the skills training classes offered by the Oregon Home Care Commission with the exception of MoneyWise to fulfill this requirement.

### Examples of classes that can fulfill this requirement:

- Challenging Behaviors (3 hours)
- Dementia and Alzheimer's (4 hours)
- Diabetes by the Numbers (3.5 hours)
- Heart Healthy (3 hours)

**You may choose a class that is not included in the list above.**

### CPR/First Aid Training

- Current Certification

**Please mail your completed application and copy of your CPR/First Aid cards showing current certification to:**

Oregon Home Care Commission  
Leslie Houston, Training Manager  
676 Church Street NE  
Salem, Oregon 97301



## PROFESSIONAL DEVELOPMENT RECOGNITION APPLICATION

### PERSONAL INFORMATION

Name:

Provider Number:

Address:

City/Zip:

County:

Phone Number:

Email Address:

### TRAINING RECORDS

Core Training Classes	Date	Safety Training You must have attended two safety classes.	Date
Keeping It Professional		Protect Against Sprains and Strains	
Working Together		Taking Responsibility in Personal Safety	
Fighting Fraud and Abuse		Preventing Disease Transmission	

### LIST TWO SERVICES AND SKILLS TRAINING CLASSES YOU HAVE ATTENDED.

Class Name	Date	Class Name	Date

### PLEASE SELECT THE AWARD YOU PREFER.

Please circle one	Pin	Key Chain	
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