

FOR MORE INFORMATION, PLEASE VISIT US AT collierschools.com/newteacher or e-mail us at ProfessionalLearning@collierschools.com
 THIS FORM IS REQUIRED FOR ALL INSTRUCTIONAL & LICENSED SCHOOL STAFF HIRED THROUGHOUT THE 2020-21 SCHOOL YEAR; REGARDLESS OF CERTIFICATION STATUS.



- If you were hired between June 1st and July August 5th, all courses must be completed and form submitted no later than 90 days from your official hire date (not to exceed May 1, 2021).
- If you were hired on or after August 6th, all courses must be completed and form submitted no later than 90 days from your official hire date (not to exceed May 1, 2021).

EMPLOYEE INFORMATION

Employee Legal Name		Employee EID Number
_____	_____	_____
FIRST NAME	LAST NAME	EMPLOYEE IDENTIFICATION NUMBER
School/Location	Job Title	Work Calendar
_____	_____	_____
LOCATION NAME	SPECIFIC JOB TITLE	DAYS WORKED IN SY (198 or 196)

ONLINE TRAININGS

Training Title	Source	Link	Approx. Length of Training	Completion Date
<input type="checkbox"/> Bloodborne Pathogen Exposure Prevention	SafeSchools		22 Minutes	___/___/___
<input type="checkbox"/> Hazard Communication: Right to Understand (GHS)	SafeSchools		26 Minutes	___/___/___
<input type="checkbox"/> Cleaning & Sanitizing in the Workplace	SafeSchools		10 Minutes	___/___/___
<input type="checkbox"/> CDC Guidelines for Making & Using Cloth Face Coverings	SafeSchools		9 Minutes	___/___/___
<input type="checkbox"/> General Ethics in the Workplace	SafeSchools		18 Minutes	___/___/___
<input type="checkbox"/> Cyberbullying	SafeSchools		24 Minutes	___/___/___
<input type="checkbox"/> Online Safety: Threats of Violence	SafeSchools		16 Minutes	___/___/___
<input type="checkbox"/> Medication Administration: Epinephrine Auto-Injectors	SafeSchools		18 Minutes	___/___/___
<input type="checkbox"/> Cultural Competence and Racial Bias	SafeSchools		16 Minutes	___/___/___
<input type="checkbox"/> Youth Suicide: Awareness, Prevention & Postvention (Jason Flatt Act)	SafeSchools		2 Hours	___/___/___
<input type="checkbox"/> Identifying & Reporting Child Abuse and Neglect	DCF		1 Hour	___/___/___
<input type="checkbox"/> Youth Mental Health First Aid (YMHFA)	See iLearnU		6 Hours	___/___/___

SIGNATURES

EMPLOYEE	DISTRICT MENTOR	SCHOOL-BASED MENTOR	PRINCIPAL
_____	_____	_____	_____
EMPLOYEE PRINTED NAME	DISTRICT MENTOR PRINTED NAME	SCHOOL MENTOR PRINTED NAME	PRINCIPAL PRINTED NAME
_____	_____	_____	_____
EMPLOYEE SIGNATURE	DISTRICT MENTOR SIGNATURE	SCHOOL MENTOR SIGNATURE	PRINCIPAL SIGNATURE

PLEASE COMPLETE AND SUBMIT THIS FORM AND ALL CERTIFICATES TOGETHER BY THE DUE DATE LISTED ABOVE, VIA E-MAIL TO CLARISSA LANGSTON AT ProfessionalLearning@collierschools.com