

3-3 Completion Form: Adverse Childhood Experiences (ACEs)

What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the *Adverse Childhood Experiences* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Adverse Childhood Experiences* online course, you should meet the following competencies:

#	<u>Competency</u>	Yes/No/NA
6.14	Recognizes the prevalence and impact of trauma on participants and staff.	
6.15	Provides services that promote the physical and emotional safety of participants.	
6.16	Provides services which facilitate healing, avoid re-traumatization, and promote choice and empowerment.	
6.17	Provides services that focus on strength and resilience.	

Training Supervisor:

Adverse Childhood Experiences post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Adverse Childhood Experiences* online course and the competencies listed above.

Date: _____

Signature: _____