

TRAINING CENTER: _____ YEAR: _____

CHA Training Center Annual RAC Requirements Review

Please insert or attach narrative descriptions or supporting documentation for each of the items marked.

Preparer check left box if completed or mark NIA
 Reviewer check right box if reviewed and approved

Preparer	Reviewer	Action items
		Environmental Health Review every even year, including actions taken.
		Director/Insturctor of Record (resume/C-V and license must be provided if hired within past year).
		Clinical Instructor(s) (resume/C-V and license/CHP certificate must be provided if hired within past year).
		Medical Advisor (resume/C-V and license must be provided if hired within past year).
		Names and credentials of Training Center Instructor staff. Total number of Instructor staff hired within one year of report. _____
		Completed Staff Orientation checklists (for staff hired in last year)
		Updated letter of support if change in hospital/clinic administration within one year.
		Verification of compliance with patient encounter requirements, CHAPCB Sec. 5.10.35. (Attach Basic Training Patient Encounter Reporting form for each Session Schedule.)
		Attach annual attrition report.
		Attach all Session schedules for the calendar year. (See Rac document: Requirements for Session Schedules)
		Secretarial Support: _____ Number of administrative/secretarial support staff.

REVIEWER COMMENTS: _____

Prepared by: _____ Date: _____

Reviewer: _____ Date: _____

*Copy to RAC CHAIR ___ TC Coordinator ___ Archive with ANTHC ___ Director CHAP ___