

**RECORD OF TRAINING FOR SPECIALIZED PHYSICAL HEALTH CARE SERVICES
PROVIDED BY ONE NURSE TRAINER**

VENTURA COUNTY SELPA

Specialized Physical Health Care Services will not be provided until a minimum provider team is trained and certified competent by the school nurse.

Name of Student _____ Date of Birth _____ Grade _____ School _____
 School Program (check) Regular Special Education (Indicate program) _____

Specify service to be provided: _____ **Physician Authorization Date:** _____
 (Attach: Parent Request/Physician Authorization for Specialized Physical Health Care Service)

The following staff participated in training consisting of information relative to medical diagnosis, emergency response needs, use of equipment, observation and performance of the specialized procedure, and had the opportunity to ask questions to obtain clarification. The school nurse will conduct ongoing supervision.*

Complete the following information for the primary providers of the specialized physical health care service

Name of person trained /title of position	Training date(s)	Location of training	CPR course completion date
1.			
Title			
2.			
Title			
3.			
Title			

Complete the following information for “backup” to primary providers

Name of person trained /title of position	Training date	Location of training	CPR course completion date
1.			
title			
2.			
title			
3.			
title			

Signature of School Nurse verifying competency: _____ **Date:** _____

*** School Nurse**

- Monitor specialized physical health care service provider competency throughout the school year.
- For students in Special Education: Be sure to file a copy of the Parent Request/Physician Authorization for Specialized Physical Health Care Service, Record of Training, Individualized Healthcare Plan, Emergency Plan, Student Agreement/Contract in the student Special Education File.

Pursuant to: California Education Code 49423.5 and California Administrative Code Title 5, 30151.12