Division of Community and Public Health
Section for Special Health Services
ABI/CYSHCN New Employee Orientation Checklist

Employee Name:		Program Manager Name:	
Program Name:		Program Training Date:		Computer Training Date:	

PRE-EMPLOYMENT CHECKLIST (IF APPLICABLE)			
DATE	**INITIALS**	**COMPUTER ACCESS REQUEST FORMS:**	**RESPONSIBILITY**
		• SHCN Staff/Contractor Information Form – New Employee	CO AOSA
		• Cyber Access	CO AOSA
DATE	**INITIALS**	**TRAINING RESOURCES:**	**RESPONSIBILITY**
		• Core Public Health Functions	Training Coordinator
		• ABI Service Coordinator Contract Overview (if applicable)	Training Coordinator
		• CYSHCN Service Coordinator Contract Overview (if applicable)	Training Coordinator
		• SHS Web Pages	Training Coordinator
		• SHS Historical Summary Power Point	Training Coordinator
		• Central Office Staff Contact List	Training Coordinator
		• Safety Power Point and Video	Training Coordinator
		• Maintaining Confidentiality Power Point	Training Coordinator
		• Mandatory Reporting Power Point	Training Coordinator
		• Service Coordination Power Point	Training Coordinator
		• HIPAA Power Point	Training Coordinator
		• Medical Home Power Point	Training Coordinator
		• The Arts of Questioning and Active Listening Power Point	Training Coordinator
		• How to Connect in 90 Seconds Video	Training Coordinator
		• Assessment: Purpose, Method, and Trigger Questions Power Point	Training Coordinator
		• Development of the Comprehensive Care Plan Power Point	Training Coordinator
		• Transitions Power Point	Training Coordinator
		• Information Management Power Point	Training Coordinator
		• The Key to Documentation Power Point	Training Coordinator
		• Tips and Bright Ideas Power Point	Training Coordinator
		• How to be a SSC (Super Service Coordinator) Power Point	Training Coordinator
		• Outreach Power Point	Training Coordinator
		• List of commonly used acronyms (electronic and hard copy)	Training Coordinator
DATE	**INITIALS**	**PROGRAM GUIDEBOOKS:**	**RESPONSIBILITY**
		• ABI Guidebook (electronic and hard copy)	Training Coordinator
		• ABI Provider Guidebook (electronic and hard copy)	Training Coordinator
		• CYSHCN Guidebook (electronic and hard copy)	Training Coordinator
DATE	**INITIALS**	**COMPUTER GUIDES:**	**RESPONSIBILITY**
		• Passwords: (i.e., MOHSAIC, Cyber Access, etc.)	Training Coordinator
		• MOHSAIC Service Coordination (electronic and hard copy)	Training Coordinator
		• Cyber Access (electronic and hard copy)	Training Coordinator
		• Outlook functions: (address book, encryption, etc.)	Training Coordinator

INTRODUCTION WITH SHS STAFF (VIA IN PERSON OR PICTURE DIRECTORY)			
☐ Section Administrator	☐ HPRIII (ABI)	☐ AOSA (Lead)	☐ RC (NW, SW, E, SE)
☐ Bureau Chief	☐ HPRI/II (I&L)	☐ SOSA (HCY/MFAW)	☐ Public Health Nurse (RO)
☐ Public Health Consultant Nurse (HCY/MFAW)	☐ HPRI/II (ABI)	☐ SOSA (ABI)	☐ HPRI/II (HCY Facilitator)
☐ Public Health Consultant Nurse (CYSHCN)	☐ Training Coordinator (TC)	☐ SOSA (I&L)	☐ AOSA (RO)
☐ Program Coordinator (ABI)	☐ HPR III (FP)	☐ SOSA (CYSHCN)	☐ SOSA (RO)
☐ Coordinator of Children's Programs (I&L)	☐ HPRI/II (CYSHCH)		

The above orientation has been completed. The original checklist has been placed in the CO file and a copy has been given to the employee.

Signature of Employee Date

Signature of Program Manager Date