



## **DEAFBLIND/ MENTORING SERVICE**

### **Maltreatment of Minors Training Certification**

For Mentor and Deaf/Blind services employees who have received training on maltreatment of minors

**Instructions:** Each PICS employee should review the material in the Maltreatment of Minors Training Module and complete the questionnaire that summarizes the key points. When the Managing Party/ DHHS Regional Staff determines the employee has been properly trained this form should be signed and returned to:

**Partners in Community Supports (PICS)  
1701 American Blvd. East, Suite #7  
Minneapolis, MN 55425**

*You should return this form only. Please keep the tests and training module for your records.*

### **ACKNOWLEDGMENT OF TRAINING**

Employee name (please print): \_\_\_\_\_

I have received training from the Managing Party/ DHHS Regional Staff named below on maltreatment of minors. I agree to comply with all policies and procedures.

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PICS Managing Party/ DHHS Regional Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Managing Party/ DHHS Regional Staff