

Training Tracking Tool Review for New Staff

Instructions: This form should be used during your **first** annual performance reviews with your manager. Complete it in addition to the required CHA Performance Review. If you are not a new employee, please use the form for **existing staff**. Please consult the CPHD Employee Workforce Training Tracking Tool **FAQ** for more information.

Employee Information	
Name:	Title: <input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3
Division:	Manager:
Date:	Type of Review: <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____

New Hire Trainings	Date Completed	Comments
<input type="checkbox"/> CPHD Orientation		
<input type="checkbox"/> CHA Orientation		
<input type="checkbox"/> CHA Annual Trainings		
<input type="checkbox"/> ICS 100 and NIMS 700		
<input type="checkbox"/> Introduction to Public Health		
<input type="checkbox"/> Introduction to Data in Public Health		
<input type="checkbox"/> Introduction to Communications		
<input type="checkbox"/> Evidence-Based Practice		
<input type="checkbox"/> Cultural Competency		
<input type="checkbox"/> Introduction to Quality Improvement		
<input type="checkbox"/> Introduction to Performance Management		
<input type="checkbox"/> Advanced Quality Improvement (QI Champions)		
<input type="checkbox"/> Advanced Performance Management (PM Champions)		
<input type="checkbox"/> Leadership Effectiveness (Tier 2)		
<input type="checkbox"/>		
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Employee Signature	Date
Manager Signature	Date



Division-specific trainings or other professional development activities (to be completed with your manager)	Date Completed	Comments
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Professional development goals and trainings for the next review period

Employee Signature	Date
Manager Signature	Date

CPHD Employee Workforce Training Tracking Tool
Review for Existing Staff

Instructions: This form should be used during your annual performance reviews with your manager. Complete it in addition to the required CHA Performance Review. Note: If you are a new employee, please use the form for **new staff**. Please consult the CPHD Employee Workforce Training Tracking Tool **FAQ** for more information.

Employee Information		
Name:	Title:	<input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3
Division:	Manager:	
Date:	Type of Review: <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____	

Trainings or other professional development activities (to be completed with your manager)	Date Completed	Comments
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Employee Signature	Date
Manager Signature	Date



Trainings or other professional development activities (to be completed with your manager)	Date Completed	Comments
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Professional development goals and trainings for the next review period

Employee Signature	Date
Manager Signature	Date