SPECIAL TASK CERTIFICATION AND RECURRING TRAINING

TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE-QUENCY G.	DUE DATE H.
Health Insurance Portability & Accountability Act (HIPAA)							
Privacy Act							
Office of Special Needs (OSN) Resources							
DD Form 3054 (FNA, Services Plan, ISTS/Warm Hand-Off)							
EFMP - Legal & Special Education							
EFMP - Medical- & Assignments							
EFMP- TRICARE/ECHO							
Medicaid/SSI							
STARSRAW/Q-Code Roster Usage							
LRP Resources (Special Ed Connection & DirectStep)							
Workload Documentation (AFFIRST)							
School Liaison Program							
Integrated Installation Support Overview							

NAME OF TRAINEE *(Last, First, Middle Initial)*	GRADE	UNIT AND OFFICE SYMBOL