**OFFICE OF LICENSING** DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES **STAFF INFORMATION SHEET** NAME OF SERVICE:\_\_\_\_\_ DATE: \_\_\_\_\_ LOCATION: Position Staff Member Service SCHEDULED HOURS (use \* to denote Education Level Assigned Name position vacancy) and Credentials MON TUES WED THURS FRI SAT SUN

Use @ to indicate staff having current certification in First Aid. Use # to indicate staff who have received a certificate in Cardiopulmonary Resuscitation (CPR).