

OFFICE OF LICENSING
 DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

STAFF INFORMATION SHEET

NAME OF SERVICE: _____ **DATE:** _____

LOCATION: _____

Position (use * to denote position vacancy)	Name	Staff Member Education Level and Credentials	Service Assigned	SCHEDULED HOURS						
				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).