2025 EPSDT Support Coordination Training Log

SC Agency Name:	
Region:	

Your signature below indicates that you viewed the 2025 EPSDT Support Coordination Training Module with the trainer and read the entire 2025 EPSDT Support Coordination Training Handbook and Appendices to complete the required EPSDT Support Coordination Training.

Printed Name	**Signature** *(indicates you agree with above statement)*	**Position**	**Do you carry EPSDT cases?**	**Date Training Module Completed**	**Date finished reading Handbook & Appendices**

Your signature below indicates that the training provided contained all necessary information to assure the individual is knowledgeable of the services available to EPSDT beneficiaries.

Signature of SCA's Designated Trainer: _____ Date:_____

Annually: Attach a print out of your Staff List Report from LSCIS with the completed Training Log. All active EPSDT SCs, SC Supervisors and the Designated Trainer are to receive annual EPSDT Training.

New Hires: Submit the completed Training Log for all new hires with the Quarterly Report. All new hires are to receive EPSDT Training as part of their orientation and prior to being assigned an EPSDT Caseload or prior to beginning supervisor of EPSDT SCs.

Fax to SRI, Attn: Kim Willems at 225-767-0502 or e-mail to ksalling@statres.com.