

APPENDIX ZU

PERSONNEL Name/Title List Clinical Supervisor/Supervisor assigned	DATE OF HIRE	LICENSURE type/# and expiration date	TRAINING indicate dates (Orientation, TIC, Recovery & Resiliency, Naloxone, Incident Reporting)	CLINICAL SUPERVISION/ date (group or individual)
			ORIENT: TIC: REC & RES: NALOXONE: INC REPRORT:	
			ORIENT: TIC: REC & RES: NALOXONE: INC REPRORT:	
			ORIENT: TIC: REC & RES: NALOXONE: INC REPRORT:	
			ORIENT: TIC: REC & RES: NALOXONE: INC REPRORT:	
			ORIENT: TIC: REC & RES: NALOXONE: INC REPRORT:	