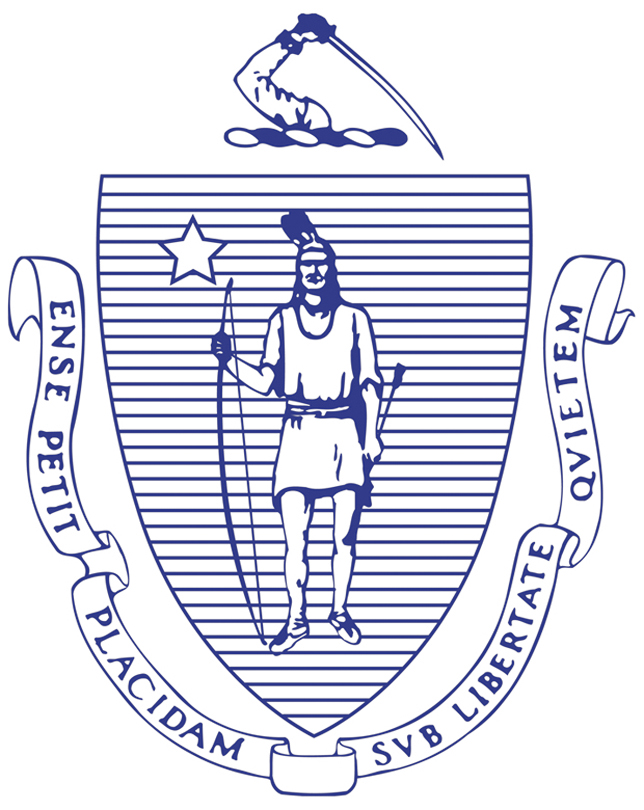
The Commonwealth of Massachusetts



Executive Office of Health and Human Services

**Certification of Mandatory Human Service Worker Workplace Violence Prevention & Intervention Training**

As required by Section 30 of Chapter 3 of the Acts of 2013 and 101 CMR 19.00, I certify that \_\_\_\_\_\_[organization’s legal name]\_\_\_\_\_\_\_\_\_\_\_\_ requires its Human Service Workers to participate in a violence and safety training other than the training developed and offered by EOHHS. This alternative training meets the following minimum requirements by covering the following topics:

* + Definitions of Human Service Worker, Workplace and Workplace Violence
  + Importance of Human Service Worker Safety Education
  + Risk Assessment Techniques
  + De-escalation Strategies
  + Connections between Actions and Reactions
  + Pertinent Laws and Regulations
  + Identification of Additional Resources on Human Service Worker Safety

This alternative training or the EOHHS eLearning is required of all new Human Service Workers within their first three months at this organization. All Human Service Workers shall participate in such training at least once every two years.

\_\_\_\_\_\_[organization’s legal name]\_\_\_\_\_\_\_\_\_\_\_\_\_ maintains a written record of Human Service Worker participation in any Human Service Worker safety training. I understand that these records must be provided to EOHHS upon request.

I certify that this information is correct.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to:

Director, Employee Safety and Health

600 Washington St, 7th Floor

Boston, MA 02111