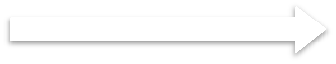
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DSMES Team Members List**  **Auditor Key: Form Key: (y= Present) and (N= Not Present) (N/A= Not Applicable)**  ***DSMES Quality Coordinator to complete ONLY the shaded areas and give to auditors.***  ***\*\*The 15 hours for professional and paraprofessional team members must be from the previous recognition year.***  ***Previous Recognition Year \_ to*** | | | | | | | |
| **Name and Credentials** | **Reporting Period** | | | **Current Period** | | **\*\*Previous Recognitio n Year** | **Notes** |
| Was part of DSMES  team | Creden tials current | CDE or BC-ADM  or  15 hours | Was part of DSMES  team | Credent ials current | **CDE or BC-ADM**  **or**  **\*\*15 hours** |
| **Quality Coordinator/Credentials/Hire-Term Date** |
| *Example of how QC completes: Betty Smith, RN* | *Yes* | *Auditor*  *note* | *Auditor*  *note* | *Yes* | *Auditor*  *note* | *Auditor note* | *Reflects QC was present during both periods.* |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Professional Members/Credentials/Hire-Term Date** | **Reporting Period** | | | **Current Period** | | |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| **Paraprofessional Members/Previous Training/Experience/Hire-Term Date** | **Reporting Period** | | | **Current Period** | | | \*=Evidence of previous training/experience |
|  |  | \* | *15 hrs.* |  | \* | *15 hrs.* | **Documentation reflects competency in DSMES topics taught?**  **Reporting Period: Yes** *or* **No Current Period: Yes** *or* **No** |
| **List Topics Taught:** | | | | | | |
|  |  | \* | *15 hrs.* |  | \* | *15 hrs.* | **Documentation reflects competency in DSMES topics taught?**  **Reporting Period: Yes** *or* **No Current Period: Yes** *or* **No** |
| **List Topics Taught:** | | | | | | |
| **Temp Employees** | **Reporting Period** | | | **Current Period** | | |  |
|  |  | **Auditors do not need to review** | |  | **Auditors do not review** | | Resources team members teach 10% or less of the DSMES program. |
|  |  |  |



Make additional copies if needed. The Lead Auditor is to submit completed form to ADA ERP prior to DSC call.