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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 DSMESteam | Creden tials current | CDE or BC-ADMor15 hours | Was part of DSMESteam | 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.