

**CORRECTIONAL COUNSELOR TRAINING
PROGRAM CHECKLIST**

Correctional Counselor	Institution
Initial Appointment Date	

Training Requirements Date Completed

Date Completed

**1. OJT Training (Weeks 1-4)
Institution Certifications**

SENTRY	_____
Visiting	_____
Intake Screening	_____
Classification and Program Review	_____
IFRP	_____
VWP	_____

National Certifications (Weeks 1-4)

Central Inmate Monitoring (CIMS)	_____
Unit Disciplinary (UDC)	_____
NCIC	_____

OJT Training (Completion Memorandum)
signed by Associate Warden)

2. Skills Training (20 Hours)

Correctional Counselor's Signature Upon Completion	Date
Case Management Coordinator's Signature Upon Completion	Date
Unit Manager's Signature Upon Completion	Date