



**BFET Mandatory Training Verification Form**

Upon completion of the training, this form shall be submitted to Mat Carlisle, [mcarlisle@sbctc.edu](mailto:mcarlisle@sbctc.edu). A copy shall, also, be kept in your institutional files and made available upon request by SBCTC or DSHS.

**A. DSHS Abuse and Fraud Reporting**

All staff working with BFET participants must complete DSHS Abuse and Fraud Reporting Training each federal fiscal year by one of the following DSHS-approved methods:

1. The Mandatory Reporter’s video at:  
<https://www.youtube.com/watch?v=wVwOmtWNsXk>
2. Reading the “Protecting the Abused & Neglected Child” booklet (DSHS 22-163).
3. Delivered by the person named below:

\_\_\_\_\_

**B. Civil Rights Training**

All staff and their supervisors working with BFET participants must complete Civil Rights Training each federal fiscal year by one of the following DSHS-approved methods:

1. The Civil Rights Training video, Understanding and Abiding by Title VI of the Civil Rights Act of 1964, available at: <https://vimeo.com/6123163>
2. Delivered by the person named below:

\_\_\_\_\_

I acknowledge I have completed the mandatory trainings required by the SBCTC Basic Food Employment and Training (BFET) Grant Guidance and the DSHS BFET Provider Handbook.

College Name: \_\_\_\_\_

	<b>Staff Name (please print)</b>	<b>Training</b> (check A, B or both)	<b>Date</b>	<b>Signature</b>
1		A <input type="checkbox"/> B <input type="checkbox"/>		
2		A <input type="checkbox"/> B <input type="checkbox"/>		
3		A <input type="checkbox"/> B <input type="checkbox"/>		
4		A <input type="checkbox"/> B <input type="checkbox"/>		
5		A <input type="checkbox"/> B <input type="checkbox"/>		
6		A <input type="checkbox"/> B <input type="checkbox"/>		
7		A <input type="checkbox"/> B <input type="checkbox"/>		
8		A <input type="checkbox"/> B <input type="checkbox"/>		
9		A <input type="checkbox"/> B <input type="checkbox"/>		
10		A <input type="checkbox"/> B <input type="checkbox"/>		
11		A <input type="checkbox"/> B <input type="checkbox"/>		
12		A <input type="checkbox"/> B <input type="checkbox"/>		
13		A <input type="checkbox"/> B <input type="checkbox"/>		
14		A <input type="checkbox"/> B <input type="checkbox"/>		
15		A <input type="checkbox"/> B <input type="checkbox"/>		