HEALTH SYSTEMS

Recovery Oriented System of Care Modules 1-7
Employee Attestation:

After you have completed reviewing each ROSC Module, please sign and date this attestation and add to personnel file**

I acknowledge that I have completed the modules as follows:

Employee Printed Name: _____

Module 1: Building an Organizational ROSC:
Sign: _____ Date: _____

Module 2: Using Meaningful Engagement Strategies & Promoting A Positive Service Culture:
Sign: _____ Date: _____

Module 3: Autonomy and Self Determination:
Sign: _____ Date: _____

Module 4: Putting the Person First & Respecting Diversity of Needs:
Sign: _____ Date: _____

Module 5: Offering a Comprehensive & Holistic Service Array:
Sign: _____ Date: _____

Module 6: Focusing on Strengths & Personal Responsibility:
Sign: _____ Date: _____

Module 7: Supporting Social Inclusion & Advocacy:
Sign: _____ Date: _____

Supervisor Signature: _____Date: _____

***Module (1) must be completed as a part of new hire orientation All subsequent modules should be completed within 1 calendar year of hire.**

**** The language from Guidance Document 35:**
L. Require direct Network Services Providers to complete Recovery Management Curriculum Modules 1 through 7 on Recovery Management best practices in employee orientation and refresher training available at: Recovery Oriented System of Care (ROSC) Providers | Florida DCF (myflfamilies.com)

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM

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