**[A blue and white sign

Description automatically generated](https://www.smartsheet.com/try-it?trp=9266&utm_source=template-word&utm_medium=content&utm_campaign=Compliance+Training+Plan-word-9266&lpa=Compliance+Training+Plan+word+9266)Compliance Training Plan Template**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name** | Name | **Position Title** | Title |
| **Department** | Name | **Manager Name** | Name |
| **Employee Start Date** | MM/DD/YY | **Last Revised** | MM/DD/YY |
| **Compliance Area(s)** |  | | |
| **Training Level** |  | | |
| **Regulatory Body / Requirement** |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Compliance Training Schedule | | | |  | | |  | | |  |  |
| Training Phase | Compliance Topic | Regulatory Requirement | Training Method | | Trainer / Point of Contact | Completion Deadline | | Status |
| Week 1 |  |  |  | |  |  | | In Progress |
| 30 Days |  |  |  | |  |  | | Not Started |
| 60 Days |  |  |  | |  |  | | Complete |
| 90 Days |  |  |  | |  |  | | Complete |
| Ongoing Training |  |  |  | |  |  | | Complete |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Assessment and Certification Tracking | | | | |  | | | | |  | |
| Assessment / Certification | | Completion Date | | Pass / Fail | | Score (if applicable) | | Renewal Date | | |
|  | | MM/DD/YY | |  | |  | | MM/DD/YY | | |
|  | | MM/DD/YY | |  | |  | | MM/DD/YY | | |
|  | | MM/DD/YY | |  | |  | | MM/DD/YY | | |
|  | | MM/DD/YY | |  | |  | | MM/DD/YY | | |
|  | | MM/DD/YY | |  | |  | | MM/DD/YY | | |
|  | | MM/DD/YY | |  | |  | | MM/DD/YY | | |
| Compliance Incident and Risk Mitigation Training | | | | | | | | | |  | |  |
| Compliance Area | Risk / Violation Addressed | | Training Response | | | | Completion Date | | Follow-Up Needed? | |
|  |  | |  | | | | MM/DD/YY | | Yes / No | |
|  |  | |  | | | | MM/DD/YY | | Yes / No | |
|  |  | |  | | | | MM/DD/YY | | Yes / No | |
|  |  | |  | | | | MM/DD/YY | | Yes / No | |
|  |  | |  | | | | MM/DD/YY | | Yes / No | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Training Sessions Attended | |  | |  | |  | | |
| Training Title | Date(s) Attended | Number of Hours | | Trainer / Speaker | | | |
|  | MM/DD/YY | 0 | |  | | | |
|  | MM/DD/YY | 0 | |  | | | |
|  | MM/DD/YY | 0 | |  | | | |
| Review and Continuous Improvement Plan | | | |  | |  | | |  |
| Evaluation Date | Key Findings | | Training/Adjustments Needed? | | Next Review Date | |
| MM/DD/YY |  | | Yes / No | | MM/DD/YY | |
| MM/DD/YY |  | | Yes / No | | MM/DD/YY | |
| MM/DD/YY |  | | Yes / No | | MM/DD/YY | |
| MM/DD/YY |  | | Yes / No | | MM/DD/YY | |
| MM/DD/YY |  | | Yes / No | | MM/DD/YY | |

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