**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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