



Training Acknowledgment

Employee Name: Sally Panno Godwin Policy/Procedure/Topic: New Finner  
Reporting within 24hrs Abuse/neglect  
cell phones, dressed, res. verification  
hand washing, suicide prevention  
nutritional safety, patient goals  
Trained By: Monica Doherty Date Trained: 1-30/20

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

I understand that it is my responsibility to adhere to the requirements of the training fully, and if I do not understand my responsibility or need clarification, I will seek immediate assistance from a Home Manager in order to act in accordance with state policy, procedures and company expectations.

I understand that this Training Acknowledgment will become part of my permanent employment record, and that failure to apply the principles I was taught in my training will result disciplinary action, up to and including my termination of employment for failure to follow company policy.

Sally Panno Godwin  
Employee Signature

1/30/20  
Date

Monica Doherty  
Home Manager Signature

1/30/2020  
Date

Copy to Employee  
Copy to Employee Personnel File/HR