

Training Acknowledgment

Employee Name: Ruthy Scarlett
 Trained By: Christy DeBelle
 Policy/Procedure/Topic: Controlled med count
 Date Trained: 2-17-2020
 Shift change agenda/EMR

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 termination of employment for failure to follow company policy.

 Ruthy Scarlett
 Employee Signature
 Date: 2-17-2020

 [Signature]
 Home Manager Signature
 Date: 2/17/20

Copy to Employee
 Copy to Employee Personnel File/HR