BEACON
Specialized Living

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Training Acknowledgment

Employee Name: Gabby Williams Policy/Procedure/Topic: Betty Flowers New OT

Trained By: Beth Pierce Date Trained: 4/7/20

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.

Gabby Williams — 4-7-20
Employee Signature — *Date*

Beth Pierce — 4/7/20
Home Manager Signature — *Date*

Copy to Employee
Copy to Employee Personnel File/HR

Document correct amount of times that you verbally prompted and if she choked