



**BEACON**  
Specialized Living

Training Acknowledgment

Employee Name: Jordan Versace Policy/Procedure/Topic: Betty Flowers <sup>New</sup> 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.

Jordan Versace  
Employee Signature

4-7-20  
Date

Beth Pierce  
Home Manager Signature

4/7/20  
Date

Copy to Employee  
Copy to Employee Personnel File/HR

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