



**BEACON**  
Specialized Living

**Training Acknowledgment**

Employee Name: Angie Brainard Policy/Procedure/Topic: Brokers  
Trained By: Angie Stiles Date Trained: 9-1-20

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.

Angie Brainard  
Employee Signature

9/01/20  
Date

Angie Stiles  
Home Manager Signature

9-1-20  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



**BEACON**  
Specialized Living

Training Acknowledgment

Employee Name: Angie Brainerd Policy/Procedure/Topic: Documentation  
Trained By: Angie Stiles Date Trained: 9.1.20

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.

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Angie Brainerd  
Employee Signature

9/1/20  
Date

Angie Stiles  
Home Manager Signature

9.1.20  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



# BEACON Specialized Living

## Training Acknowledgment

*Documenting competency on menu*

Employee Name: Angie B Policy/Procedure/Topic: following menu  
 Trained By: Angie Stills Date Trained: 9-1-20

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.

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Angie Brainerd  
 Employee Signature

9-1-20  
 Date

Angie Stills  
 Home Manager Signature

9-1-20  
 Date

Copy to Employee  
 Copy to Employee Personnel File/HR



**BEACON**  
Specialized Living

Training Acknowledgment

Employee Name: Angela B Policy/Procedure/Topic: Gossip  
Trained By: Ange Stills Date Trained: 9-1-20

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.

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Angela Brainard  
Employee Signature

9-1-20  
Date

Ange Stills  
Home Manager Signature

9-1-20  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



**BEACON**  
Specialized Living

**Training Acknowledgment**

Employee Name: Angie B Policy/Procedure/Topic: Resident + BTP  
 Trained By: Angie Stiles Date Trained: 9-1-20

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.

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Angela Brainerd  
 Employee Signature

9-1-20  
 Date

Angie Stiles  
 Home Manager Signature

9-1-20  
 Date

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Training Acknowledgment

Employee Name: Angie B Policy/Procedure/Topic: Cleaning duties  
Trained By: Angie Stiles Date Trained: 9-1-20

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.

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Angela Brainerd  
Employee Signature

9-1-20  
Date

Angie Stiles  
Home Manager Signature

19-1-20  
Date

Copy to Employee  
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**BEACON**  
Specialized Living

**Training Acknowledgment**

Employee Name: Angie B Policy/Procedure/Topic: On-Call Procedure  
 Trained By: Angie Stills Date Trained: 9-1-20

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.

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Angela Brammond  
Employee Signature

9-1-20  
Date

Angie Stills  
Home Manager Signature

9-1-20  
Date

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**BEACON**  
Specialized Living

Training Acknowledgment

Employee Name: Angie B Policy/Procedure/Topic: Attendance Work Schedule  
 Trained By: Anne Stiles Date Trained: 9-1-20

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.

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Angela Brainerd  
Employee Signature

9-1-20  
Date

Anne Stiles  
Home Manager Signature

9-1-20  
Date

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**BEACON**  
Specialized Living

**Training Acknowledgment**

Employee Name: Angie B Policy/Procedure/Topic: Cell phone  
Trained By: Anne Stiles Date Trained: 9-1-20

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.

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Angela Brainerd  
Employee Signature

9-1-20  
Date

Anne Stiles  
Home Manager Signature

9-1-20  
Date

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Training Acknowledgment

Medication Documentation

Medication Administration

Employee Name: Angela B Policy/Procedure/Topic: Medication Administration  
Trained By: Annie Stiles Date Trained: 9-1-20

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.

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Angela Bravard  
Employee Signature

9-1-20  
Date

Annie Stiles  
Home Manager Signature

9-1-20  
Date

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**BEACON**  
Specialized Living

Training Acknowledgment

Employee Name: Angie B Policy/Procedure/Topic: Sleeping on shift  
Trained By: Anne Stiles Date Trained: 9-1-20

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.

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Angela Branica  
Employee Signature

9-1-20  
Date

Anne Stiles  
Home Manager Signature

9-1-20  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Angie B Policy/Procedure/Topic: Cleaning VAN  
 Trained By: Angie Stiles Date Trained: 9-1-20

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.

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Angela Brainard  
Employee Signature

9-1-20  
Date

Angie Stiles  
Home Manager Signature

9-1-20  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Angie B Policy/Procedure/Topic: Uister Screening  
 Trained By: Ange Stiles Date Trained: 9-1-20

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.

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Angela Brand  
Employee Signature

9-1-20  
Date

Ange Stiles  
Home Manager Signature

9-1-20  
Date

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