BEACON
Specialized Living

Training Acknowledgment

Employee Name: Johnny Blakely Policy/Procedure/Topic: CPR/ First Aid

Trained By: Felisha Battice Date Trained: 9-30-20

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.

Johnny Blakely
Employee Signature

9-30-20
Date

Home Manager Signature

9-30-2020
Date

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living

Training Acknowledgment

Employee Name: Deena Wegner Policy/Procedure/Topic: CPR/ First Aid

Trained By: Fenisha Battice Date Trained: 9-30-2020

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.

Deena Wegner — 9-30-2020
Employee Signature — Date

9-30-2020
Home Manager Signature — Date

Copy to Employee
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Training Acknowledgment

Employee Name: KALLISTA Policy/Procedure/Topic: CPR/ First Aid

Trained By: Felisha Battle Date Trained: 9-30-20

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.

Employee Signature — Date: 9.30.2020

Home Manager Signature — Date: 9-30-2020

Copy to Employee
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BEACON
Specialized Living

Training Acknowledgment

Employee Name: Nicshica Ward Policy/Procedure/Topic: CPR/ First Aid

Trained By: Felisha Battice Date Trained: 9-30-20

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.

Employee Signature — Date: 9-30-2020

Home Manager Signature — Date: 9-30-2020

Copy to Employee
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