BEACON
Specialized Living

Training Acknowledgment

Employee Name: Alana Fox Policy/Procedure/Topic: See below

Trained By: Jessica Perez, BSN, RN Date Trained: 11/4/2020

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.

Alana Fox
Employee Signature

11/04/20
Date

Jessica Perez, BSN, RN
Home Manager Signature

11-4-2020
Date

Copy to Employee
Copy to Employee Personnel File/HR

PRN follow up
Controlled substance counts
Insulin storage and expiration
Medication disposal