



**BEACON**  
Specialized Living

Training Acknowledgment

Employee Name: Stephanie Schmidt Policy/Procedure/Topic: Medications  
Trained By: P. Denise Date Trained: 10/16/2020

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.

Stephanie Schmidt  
Employee Signature

10/16/2020  
Date

P. Denise  
Home Manager Signature

10-16-2020  
Date

Copy to Employee  
Copy to Employee Personnel File/HR

DMA refresher  
6 Rights of medication  
Medication Room expectations