BEACON
Specialized Living

Training Acknowledgment

Medication Room expectations

Employee Name: Barbara Bayhan

Policy/Procedure/Topic: Medication DMA Refresher 6 Rights of Medications

Trained By: Pam Denise

Date Trained: 10-16-20

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.

Barbara Bayhan
Employee Signature

10-16-20
Date

Pam Denise RN
Home Manager Signature

10-16-20
Date

Copy to Employee
Copy to Employee Personnel File/HR