



### Training Acknowledgment

Employee Name: Carmela Johnson Policy/Procedure/Topic: Second Staff *Verification*

Trained By: *Jacqueline Wilson* Date Trained: 1/24/2021

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.

*Carmela Johnson*  
Employee Signature

1-24-2021  
Date

Jacqueline Wilson  
Home Manager Signature

1/24/2021  
Date

Copy to Employee  
Copy to Employee Personnel File/HR

*- Training is for Carmela regarding the missing a resident  
insulin without getting. Absence from verification*