BEACON
Specialized Living

Training Acknowledgment

Employee Name: Matt Horton Policy/Procedure/Topic: MM-005

Trained By: Alexis Clark Date Trained: 2/9/2021

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.

Matt Horton
Employee Signature

2/12/21
Date

Alexis Clark
Home Manager Signature

2/9/21
Date

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living

Training Acknowledgment

Employee Name: Matt Horton Policy/Procedure/Topic: IC-012

Trained By: Alexis Clark Date Trained: 2/9/2021

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.

Matt Horton
Employee Signature

2/12/21
Date

Alexis Clark
Home Manager Signature

2/9/21
Date

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living

Training Acknowledgment

Employee Name: Matt Horton Policy/Procedure/Topic: CTS-024

Trained By: Alexis Clark Date Trained: 2/9/2021

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.

Matt Horton
Employee Signature

2/12/21
Date

Alexis Clark
Home Manager Signature

2/9/21
Date

Copy to Employee
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BEACON
Specialized Living

Training Acknowledgment

Employee Name: Matt Horton Policy/Procedure/Topic: CTS-033

Trained By: Alexis Clark Date Trained: 2/9/2021

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.

Matt Horton
Employee Signature

2/12/21
Date

Alexis Clark
Home Manager Signature

2/9/21
Date

Copy to Employee
Copy to Employee Personnel File/HR