BEACON
Specialized Living

Training Acknowledgment

Employee Name: _Amanda Kng_ 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.

Amanda Kng   _2/9/21_
Employee Signature   Date

Alexis Clark   _2/9/21_
Home Manager Signature   Date

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living

Training Acknowledgment

Employee Name: Amanda Knapp   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.

_____   2/9/21
Employee Signature   Date

_____   2/9/21
Home Manager Signature   Date

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living

Training Acknowledgment

Employee Name: _Amanda Knapp_ 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.

_____ _2/9/21_
Employee Signature   Date

_____ _2/9/21_
Home Manager Signature   Date

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living

Training Acknowledgment

Employee Name: _Amanda Knepp_ 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.

Amanda Knepp _2/9/21_
Employee Signature   Date

Alexis Clark _2/9/21_
Home Manager Signature   Date

Copy to Employee
Copy to Employee Personnel File/HR