BEACON
Specialized Living

Training Acknowledgment

Employee Name: Justice Keyzer Policy/Procedure/Topic: MM001,MM007,MM016

Trained By: Kaitlynn Taylor RN Date Trained: 4/12/2021

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.

Justice Keyzer
Employee Signature

4.12.2021
Date

Kaitlynn Taylor RN
Home Manager Signature

4/12/2021
Date

Copy to Employee
Copy to Employee Personnel File/HR