BEACON
Specialized Living

Training Acknowledgment

Employee Name: Trinity Spiece Policy/Procedure/Topic: Hoyer lift/hospital bed

Trained By: Kaitlynn Taylor Date Trained: 5/26/2021

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.

T. Spiece — 5-26-21

Employee Signature — *Date*

Kaitlynn Taylor RN — 5/26/2021

Home Manager Signature — *Date*

Copy to Employee
Copy to Employee Personnel File/HR