



Training Acknowledgment

Employee Name: Heather Marchi Policy/Procedure/Topic: Clarity
Trained By: Angele Stiles Date Trained: 6-8-21

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.

Heather Marchi

Employee Signature

6/8/21

Date

Angele Stiles

Home Manager Signature

6-8-21

Date

Copy to Employee
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Training Acknowledgment

Employee Name: Heather Marchi Policy/Procedure/Topic: Medications
Trained By: Angele Stoll Date Trained: _____

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.

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Heather Marchi

6/8/21

Employee Signature

Date

Angele Stoll

6.7.21

Home Manager Signature

Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Heather Marchi Policy/Procedure/Topic: Make Shift
Trained By: Angei Stets Date Trained: 6.7.21

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.

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Heather Marchi

Employee Signature

6/8/21

Date

Angei Stets

Home Manager Signature

6.7.21

Date

Copy to Employee
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Training Acknowledgment

Employee Name: Heather Marchi Policy/Procedure/Topic: DMA Passes
Trained By: Ange Jette Date Trained: _____

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

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Heather Marchi

Employee Signature

6/8/21

Date

Ange Jette

Home Manager Signature

6-7-21

Date

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Training Acknowledgment

Employee Name: Heather Marchi Policy/Procedure/Topic: Next Step
Trained By: Ange Stiles Date Trained: 6-8-21

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.

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Heather Marchi

Employee Signature

6/8/21

Date

Ange Stiles

Home Manager Signature

6-8-21

Date

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Training Acknowledgment

Employee Name: Heather Marchi Policy/Procedure/Topic: HM Check List
Trained By: Annie Stiles Date Trained: 6-7 - 6-8-21

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.

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Heather Marchi

Employee Signature

6/8/21

Date

Annie Stiles

Home Manager Signature

6-8-21

Date

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