



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Angela Mugg (Brainard) Policy/Procedure/Topic: On Call
Trained By: Brooke Landis 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.

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.

Angela Mugg
Employee Signature

7/8/21
Date

Brooke Lynn Landis
Home Manager Signature

7/8/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Angela Mugg Policy/Procedure/Topic: Dignity / Respect
Trained By: Brooke Landis 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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Angela Mugg
Employee Signature

7/8/21
Date

Brooke Lynn Landis
Home Manager Signature

7/8/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



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Specialized Living

Training Acknowledgment

Employee Name Angela Mugg (Brainard) Policy/Procedure/Topic: Cell Phone
Trained By: Brooke Landis 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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Angela Mugg
Employee Signature
Brooke Lynn Landis
Home Manager Signature

7/8/21
Date
7/8/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Angela Mugg (Brainard) Policy/Procedure/Topic: Chart notes/books
Trained By: Brooke Landis 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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Angela Mugg
Employee Signature

7/8/21
Date

Brooke Lynn Landis
Home Manager Signature

7/8/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Angela Mugg Brainard Policy/Procedure/Topic: Guardians
Trained By: Brooke Landis 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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Angela Mugg Brainard
Employee Signature

7/8/21
Date

Brooke Lynn Landis
Home Manager Signature

7/8/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Clothing in/out
Trained By: Brooke Landis Date Trained: _____

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

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Angela Mugg
Employee Signature

7/8/21
Date

Brooke Lynn Landis
Home Manager Signature

7/8/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Angela Mugg (Brainard) Policy/Procedure/Topic: Cleaning
Trained By: Brooke Landis 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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Angela Mugg
Employee Signature

7/8/21
Date

Brooke Lynn Landis
Home Manager Signature

7/8/21
Date

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