



Training Acknowledgment

Employee Name: Doree Crawshaw Policy/Procedure/Topic: INSULIN  
Trained By: Pam Denise Date Trained: Jan 25 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.

Doree Crawshaw

1-25-2021

Pam Denise

1-25-2021

Diabetes  
Insulin Administration

BS sliding Scale  
When to Call Medical  
hypoglycemia  
hyperglycemia

Copy to Employee  
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Jessica Crissman Policy/Procedure/Topic: Hyperglycemia  
Trained By: [Signature] Date Trained: 1/25/2021

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.

[Signature]

1-25-2021

[Signature]

1-25-2021

Diabetes  
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