



Training Acknowledgment

Employee Name: Brittany Grass Policy/Procedure/Topic: Proper Cleaning of Med Room  
Hand Washing  
Control Count discrepancy  
Trained By: P. Denise Date Trained: 4-20-2021

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.

Brittany Grass  
P. Denise RN

4/20/21  
4-20/21

Copy to Employee  
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Taylor Bowles Policy/Procedure/Topic: Proper Cleaning of Med Room, Hand Washing, Control Count discrepancy  
Trained By: Denise EW Date Trained: 4/20/21

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.

Taylor M. Bowles

4/20/21

Denise EW

4-20-21

Copy to Employee  
Copy to Employee Personnel File/HR



Training Acknowledgment

Proper Cleaning of Med Room  
Hand Washing  
Control Count discrepancy

Employee Name: Jordan Eldredge Policy/Procedure/Topic: Control Count discrepancy  
Trained By: Pam Denise RN Date Trained: 4/20/2021

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.

Jordan Eldredge  
Pam Denise RN

04/20/21  
4/20/21

Copy to Employee  
Copy to Employee Personnel File/HR