



**BEACON**  
Specialized Living

Training Acknowledgment

Employee Name: Barbara George Policy/Procedure/Topic: See Below

Trained By: Rochelle Jarri Date Trained: 08/10/2021

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.

Barbara George  
Employee Signature

8-10-21  
Date

Rochelle Jarri  
Home Manager Signature

8/10/21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR

Policies:

- MM-005 Emergency Medical Care/First-Aid
- MM-020 Monthly Vital Signs Monitoring
- MM-045 Medical On-Call
- MM-047 Medical On-Call for Chronic or Severe Conditions