



Training Acknowledgment

Employee Name: Moray McGrunder-Murphy 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.

Moray McGrunder-Murphy
Employee Signature

Rochelle Jarri
Home Manager Signature

8/13/2021
Date

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