BEACON
Specialized Living

Training Acknowledgment

Employee Name: Desiree Tomcheff Policy/Procedure/Topic: DMA with Nurse

Trained By: Wendy Blanton Date Trained: 8/18/2021

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.

Employee Signature — Date: 8/18/21

Home Manager Signature — Date: 8/18/21

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living

Certificate of Completion

IS HEREBY GRANTED TO

Desiree Tomcheff

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA training with Beacon Nurse

TYPE OF TRAINING

8/18/2021

COMPLETION DATE

Wendy Blanton-Lee

TRAINER SIGNATURE