



Training Acknowledgment

Employee Name: Desiree Tompkins 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.

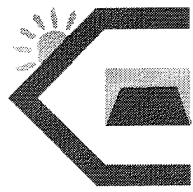
Employee Signature

Home Manager Signature

Date

Date

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

TRAINER SIGNATURE