BEACON
Specialized Living

Employee Sign-In Sheet

Training/In-Service: __Medical Training__

Site: ☐ Lakeshore   ☐ Southern   ☑ Northern   Date: __8/30/21__

Instructor Name: __Tracie Vineyard RN__   Instructor Signature: _____

Employee Name	Employee Signature	Pass	or Fail
Cynthia McCarthy	Cynthia Ma Carn	☑	☐
Brooke Winowiecki	Brooke	☑	☐
Sally Clutter	Sally Clutter	☑	☐
Willard Chouinard	Willard Chouinard	☑	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Training Acknowledgment

Employee Name: _Willard Cleveland_ Policy/Procedure/Topic: Medical Training

Trained By: Tracie Vineyard RN   Date Trained: 8/30/21

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.

Willard Cleveland   _8/30/21_
Employee Signature   Date

_____   _____
Home Manager Signature   Date

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living

Training Acknowledgment

Employee Name: _Sally Clutter_   Policy/Procedure/Topic: _Medical Training_

Trained By: _Tracie Vineyard RN_   Date Trained: _8/30/21_

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.

Sally Clutter   _8/30/21_
Employee Signature   Date

_____   _____
Home Manager Signature   Date

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living
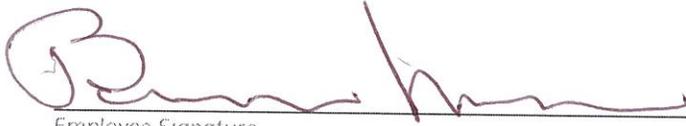
Training Acknowledgment

Employee Name: **Brooke Winowiecki** Policy/Procedure/Topic: Medical Training

Trained By: Tracie Vineyard RN Date Trained: 8/30/21

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.

_____ 8/30/21
Employee Signature Date

_____ _____
Home Manager Signature Date

Copy to Employee
Copy to Employee Personnel File/HR

BEACON
Specialized Living

Training Acknowledgment

Employee Name: _Cynthia McCarthy_ Policy/Procedure/Topic: <u>Medical Training</u>

Trained By: <u>Tracie Vineyard RN</u>　　　　　Date Trained: <u>8/30/21</u>

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.

Cynth McCarty
Employee Signature

_8/30/21_
Date

_____
Home Manager Signature

_____
Date

Copy to Employee
Copy to Employee Personnel File/HR