



# BEACON Specialized Living

## Training Acknowledgment

Food handling  
social media po

Resident funds policy  
vitals signs & monitoring  
pouch  
Advance Directive policy

Employee Name: Carey Cell

Policy/Procedure/Topic: Advance Directive policy

Trained By: Tony Giancaspro

Date Trained: 9-14-2021

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.

*Carey Cell*

Employee Signature

09/14/21

Date

*[Signature]*

Home Manager Signature

09/14/2021

Date

Copy to Employee  
Copy to Employee Personnel File/HR