



Training Acknowledgment

Employee Name: Jamie Wilson Policy/Procedure/Topic: Medication Document.
Trained By: Brooke Landis Date Trained: 09/21/2021

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.

Jamie Wilson
Employee Signature

9/21/21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Janie Wilson Policy/Procedure/Topic: Passing Med Keys Form
Trained By: Brooke Landis Date Trained: 09/21/2021

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Janie Wilson
Employee Signature

9/21/21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: Jamie Wilson Policy/Procedure/Topic: Cell Phone Policy
Trained By: Brooke Landis Date Trained: 09/21/2021

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Jamie Wilson
Employee Signature

9/21/21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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BEACON
Specialized Living

Training Acknowledgment

Employee Name: Janie Wilson Policy/Procedure/Topic: Documentation Policy
Trained By: Brooke Landis Date Trained: 09/21/2021

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Janie Wilson
Employee Signature

9/21/21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: Janie Wilson Policy/Procedure/Topic: Hippa Policy

Trained By: Brooke Landis Date Trained: 09/21/2021

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Employee Signature

9/21/21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: Jamie Wilson Policy/Procedure/Topic: Bed Check Policy
Trained By: Brooke Landis Date Trained: 09/21/2021

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Jamie Wilson
Employee Signature

9/21/21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: Jamie Wilson Policy/Procedure/Topic: Chain of Command
Trained By: Brooke Landis Date Trained: 09/21/2021

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Jamie Wilson
Employee Signature

9/21/21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: Jamie Wilson Policy/Procedure/Topic: Company Vehicle Policy
Trained By: Brooke Landis Date Trained: 09/21/2021

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Jamie Wilson
Employee Signature

9/21/21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: Janice Wilson Policy/Procedure/Topic: Food Handling
Trained By: Brooke Landis Date Trained: 09/21/2021

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

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Janice Wilson
Employee Signature

9/21/21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: Janice Wilson Policy/Procedure/Topic: Social Media Policy
Trained By: Brooke Landis Date Trained: 09/21/2021

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Janice Wilson
Employee Signature

9/21/21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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