



Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Passing Med Keys Form

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.

Tommy Beagle
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: _____ Policy/Procedure/Topic: Documentation Policy

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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Tammy Beagle
Employee Signature

9-21-21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

Copy to Employee
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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Bed Check Policy

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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Tammy Beagle
Employee Signature

9-21-21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Hippa Policy

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

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Tommy Beagle
Employee Signature

9-21-21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Chain of Command

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

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Tommy Beagle
Employee Signature

9-21-21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Company Vehicle Policy

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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Tommy Beagle
Employee Signature

9-21-21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Food Handling

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

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Tommy Beagle
Employee Signature

9-21-21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Social Media Policy

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

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Tammy L Beagle
Employee Signature

9-21-21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: _____ 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.

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Tommy L Beagle
Employee Signature

9-21-21
Date

Brooke Lynn Landis
Home Manager Signature

09/21/2021
Date

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Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Cell Phone Policy

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

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Tammy Beagle
Employee Signature

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Date

Brooke Lynn Landis
Home Manager Signature

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