



Training Acknowledgment

Employee Name: Ray Bates

Policy/Procedure/Topic: Medical Training

Trained By: Tracie Vineyard RN

Date Trained: 09/21/21

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.

LOA c resident T. Vineyard RN for
Raymond Bates
Employee Signature

9/21/21

Date

Home Manager Signature

9/21/21

Date

Copy to Employee
Copy to Employee Personnel File/HR



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Andrew Chigman

Policy/Procedure/Topic: Medical Training

Trained By: Tracie Vineyard RN

Date Trained: 09/21/21

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Andrew Chigman
Employee Signature

9/21/21

Date

Home Manager Signature

9/21/21

Date

Copy to Employee
Copy to Employee Personnel File/HR



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Heather Pancake

Policy/Procedure/Topic: Medical Training

Trained By: Tracie Vineyard RN

Date Trained: 09/21/21

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Heather Pancake

Employee Signature

9/21/21

Date

Home Manager Signature

9/21/21

Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Kimberly Thompson

Policy/Procedure/Topic: Medical Training

Trained By: Tracie Vineyard RN

Date Trained: 09/21/21

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Kimberly A. Thompson
Employee Signature

9/21/21

Date

Home Manager Signature

9/21/21

Date

Copy to Employee
Copy to Employee Personnel File/HR