



### Training Acknowledgment

Employee Name: Kim Howard Policy/Procedure/Topic: Cell Phone  
Trained By: Kim Howard Date Trained: 10/7/2021

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.

Kim Howard  
Employee Signature

10-7-21  
Date

[Signature]  
Home Manager Signature

10/7/21  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



### Training Acknowledgment

Employee Name: Kim Howard Policy/Procedure/Topic: Drug and Alcohol Policy  
Trained By: Kim Howard Date Trained: 10/7/2021

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Kim Howard  
Employee Signature

10/7/21  
Date

[Signature]  
Home Manager Signature

10/7/21  
Date

Copy to Employee  
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### Training Acknowledgment

Employee Name: Kim Howard Policy/Procedure/Topic: Bed Check Policy  
Trained By: Kim Howard Date Trained: 10/7/2021

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Kim Howard  
Employee Signature

10/7/21  
Date

[Signature]  
Home Manager Signature

10/7/21  
Date

Copy to Employee  
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### Training Acknowledgment

Employee Name: Kim Howard Policy/Procedure/Topic: Shift Duties  
Trained By: Kim Howard Date Trained: 10/7/2021

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Kim Howard  
Employee signature

10/7/21  
Date

[Signature]  
Home Manager Signature

10/7/21  
Date

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### Training Acknowledgment

Employee Name: Kim Howard Policy/Procedure/Topic: Coverage  
Trained By: Kim Howard Date Trained: 10/7/2021

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Kimberly Howard  
Employee Signature

10/7/21  
Date

Florencia  
Home Manager Signature

10/7/21  
Date

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### Training Acknowledgment

Employee Name: Kim Howard Policy/Procedure/Topic: Covid Reporting  
Trained By: Kim Howard Date Trained: 10/7/2021

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Kim Howard  
Employee Signature

10-7-21  
Date

[Signature]  
Home Manager Signature

10-7-2021  
Date

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**BEACON**  
Specialized Living

### Training Acknowledgment

Employee Name: Kim Howard Policy/Procedure/Topic: Questionares

Trained By: Kim Howard Date Trained: 10/7/2021

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Kim Howard  
Employee Signature

10/7/2021  
Date

[Signature]  
Home Manager Signature

10/7/2021  
Date

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## Training Acknowledgment

Employee Name: Kim Howard Policy/Procedure/Topic: Mask Requirements  
Trained By: Kim Howard Date Trained: 10/7/2021

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Kim Howard  
Employee Signature

10-7-21  
Date

[Signature]  
Home Manager Signature

10-7-2021  
Date

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## Training Acknowledgment

Employee Name: Kim Howard Policy/Procedure/Topic: Professionalism

Trained By: Kim Howard Date Trained: 10/7/2021

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Kim Howard  
Employee Signature

10-7-21  
Date

[Signature]  
Home Manager Signature

10-7-21  
Date

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## Training Acknowledgment

Employee Name: Kim Howard Policy/Procedure/Topic: Med Admin  
Trained By: Kim Howard Date Trained: 10/7/2021

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Kim Howard  
Employee Signature

10/7/21  
Date

[Signature]  
Home Manager Signature

10/7/21  
Date

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