



Training Acknowledgment

Employee Name: Veronica Vance Policy/Procedure/Topic: Covid Reporting

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.

Veronica Vance
Employee Signature

10/7/2021
Date

[Signature]
Home Manager Signature

10/7/2021
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Veronica Vance Policy/Procedure/Topic: Mask Requirements

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

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Veronica Vance
Employee Signature

10/7/2021
Date

[Signature]
Home Manager Signature

10/7/21
Date

Copy to Employee
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Training Acknowledgment

Employee Name: Veronica Vance Policy/Procedure/Topic: Questionares

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

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Veronica Vance
Employee Signature

10/7/2021
Date

[Signature]
Home Manager Signature

10/7/2021
Date

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Training Acknowledgment

Employee Name: Veronica Vance Policy/Procedure/Topic: Coverage

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

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Veronica Vance

Employee Signature

10/7/21

Date

[Signature]

Home Manager Signature

10/7/21

Date

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Training Acknowledgment

Employee Name: Veronica Vance Policy/Procedure/Topic: Shift Duties

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

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Veronica Vance
Employee Signature

10/7/21
Date

[Signature]
Home Manager Signature

10/7/21
Date

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Training Acknowledgment

Employee Name: Veronica Vance Policy/Procedure/Topic: Professionalism

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

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Veronica Vance

Employee Signature

10/7/21

Date

Alejandro

Home Manager Signature

10/7/21

Date

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Training Acknowledgment

Employee Name: Veronica Vance Policy/Procedure/Topic: Bed Check Policy

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

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Veronica Vance
Employee Signature

10/7/21
Date

[Signature]
Home Manager Signature

10/7/21
Date

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Training Acknowledgment

Employee Name: Veronica Vance Policy/Procedure/Topic: Cell Phone

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

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Veronica Vance
Employee Signature

10/7/21
Date

Alegandra E
Home Manager Signature

10/7/21
Date

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Training Acknowledgment

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

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Veronica Vance
Employee Signature

10/7/21
Date

[Signature]
Home Manager Signature

10/7/21
Date

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Training Acknowledgment

Employee Name: Veronica Vance Policy/Procedure/Topic: Drug and Alcohol Policy

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

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Veronica Vance

Employee Signature

10/7/21

Date

[Signature]

Home Manager Signature

10/7/21

Date

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