



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Candice Wilcox Policy/Procedure/Topic: Bloodborne Path
Trained By: Kelly Date Trained: 10-12-21

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.

Candice Wilcox
Employee Signature

10/12/21
Date

Kelly Krutset
Home Manager Signature

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR



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Specialized Living

Training Acknowledgment

Employee Name: Robert Hunt Policy/Procedure/Topic: Bloodborne Path
Trained By: Kelly Date Trained: 10-12-21

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Robert Hunt
Employee Signature

10/12/21
Date

Kelly Krutset
Home Manager Signature

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR



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Training Acknowledgment

Employee Name: Taylor Vail Policy/Procedure/Topic: Blood exposure policy

Trained By: Kelly Date Trained: 10-12-21

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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.

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Taylor Vail
Employee Signature

10/12/21
Date

Kelly Krutzel
Home Manager Signature

10/12/21
Date

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Training Acknowledgment

Employee Name: Tyghai Mcclain Policy/Procedure/Topic: Blood born
Trained By: Kelly Date Trained: 10-12-21 ^{Policies}

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

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Tyghai Mcclain
Employee Signature

10/12/21
Date

Kelly Kuntz
Home Manager Signature

10-12-21
Date

Copy to Employee
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Training Acknowledgment

Employee Name: Jennifer Bone Policy/Procedure/Topic: blood ~~born~~
Trained By: Kelly Kruttsch Date Trained: 10-21-21

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.

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[Signature]
Employee Signature

10-21-21
Date

[Signature]
Home Manager Signature

10-21-21
Date

Copy to Employee
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BEACON
Specialized Living

Training Acknowledgment

Employee Name: Tasha LeMar Policy/Procedure/Topic: Bloodborne pathogen
Trained By: Kelly Krutsch Date Trained: 10-12-21

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.

Tasha LeMar
Employee Signature

10-12-21
Date

Kelly Krutsch
Home Manager Signature

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR