



Training Acknowledgment

Employee Name: Candice Wilson Policy/Procedure/Topic: DMA - Medication Form

Trained By: _____ 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 Wilson
Employee Signature

10/12/21
Date

Kelly Kruttsch
Home Manager Signature

10/12/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



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Training Acknowledgment

Employee Name: Robert Hunt Policy/Procedure/Topic: DNA - Medication Form

Trained By: [Signature] Date Trained: 10-12-21

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[Signature]
Employee Signature

10/12/21
Date

[Signature]
Home Manager Signature

10/12/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Taylor Vail Policy/Procedure/Topic: DMA Medication Form

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

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Taylor Vail
Employee Signature

10-12-21
Date

Kelly Krutz
Home Manager Signature

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR



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Training Acknowledgment

Employee Name: Tasha Lemar Policy/Procedure/Topic: DMA - Medication

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

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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



Training Acknowledgment

Employee Name: Jennifer Bones Policy/Procedure/Topic: DNA Medication Form
Trained By: Kelly Kruttsch Date Trained: 10/22/21

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

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Jennifer Bones
Employee Signature

Kelly Kruttsch
Home Manager Signature

10-12-21
Date

10-12-21
Date

Copy to Employee
Copy to Employee Personnel File/HR