



Training Acknowledgment

Employee Name: Amber Shephard Policy/Procedure/Topic: Holding Staff Accountable
Trained By: Shelly S. Keinath Date Trained: 10/15/2021

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.

A. Shephard
Employee Signature

10/15/21
Date

Shelly Keinath
Home Manager Signature
DD

10/15/2021
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Amber Shephard Policy/Procedure/Topic: Med Detraction
Trained By: Shelly S. Keirath Date Trained: 10/15/2021

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Shelly Keirath
Home Manager Signature
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