

# Training Acknowledgement

- Toolbox Trainings
- CPR/FA Skills
- CPI Skills
- Recipient Rights Classroom Training
- DMA Virtual Classroom Training
- Medical Training
- DMA In-Service Training
- Shadow Shift Daily Assessments
- Competency Assessment
- Competency Assessment Uploaded into LMS/Star Services

In signing this document, I acknowledge that I have completed Beacon Specialized Living's Onboarding requirement, including Beacon's Toolbox Training, CPI and CPR/First Aid In-Person Skill Sessions, DMA Virtual Training, Recipient Rights Classroom Training, In-Home Orientation Checklist, and Competency Assessments.

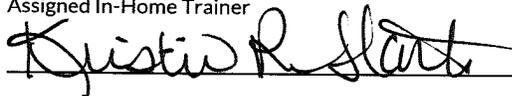
I agree to abide by the policies and procedures that were explained in this training. I understand that if I have any questions about the training, materials presented, or information not addressed in the training, or if I encounter any problems, it is my responsibility to seek clarification from my Home Manager and/or District Director.

  
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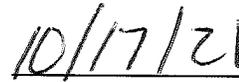
Learner

  
\_\_\_\_\_

Assigned In-Home Trainer

  
\_\_\_\_\_

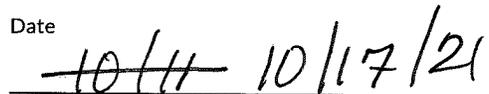
Home Manager

  
\_\_\_\_\_

Date

  
\_\_\_\_\_

Date

  
\_\_\_\_\_

Date

- In-Home Orientation Checklist Uploaded into LMS/Star Services by HM
- Training was completed within 30 days from Learner's Hire Date.
- Training was not completed within 30 days from Learner's Hire Date.