



Med packs  
Packing Slips

Training Acknowledgment

Medication Book  
Medication poster Book

CPR, Choking, Hypo, Hyper OnCall

Employee Name: \_\_\_\_\_ Policy/Procedure/Topic: Attestation form

Trained By: Kim Howard Date Trained: 11/22/2021

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.

Paul Reed  
Employee Signature

11-22-21  
Date

[Signature]  
Home Manager Signature

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: \_\_\_\_\_ Policy/Procedure/Topic: Dress Code- Attire & Gro

Trained By: Tony Giancaspro Date Trained: 11-22-2021

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.

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Paul Reed  
Employee Signature

\_\_\_\_\_  
Home Manager Signature

11-22-21  
Date

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



**BEACON**  
Specialized Living

### Training Acknowledgment

Employee Name: \_\_\_\_\_ Policy/Procedure/Topic: Company vehicle and ac

Trained By: Tony Giancaspro Date Trained: 11-22-2021

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.

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*Tony Giancaspro*  
Employee Signature

11-22-21  
Date

\_\_\_\_\_  
Home Manager Signature

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: \_\_\_\_\_ Policy/Procedure/Topic: Cellular phones

Trained By: Tony Giancaspro Date Trained: 11-22-2021

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.

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*Paul Reed*  
Employee Signature

\_\_\_\_\_  
Home Manager Signature

11-22-21  
Date

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: \_\_\_\_\_ Policy/Procedure/Topic: Sleep on shift

Trained By: Tony Giancaspro Date Trained: 11/22/2021

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.

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*Paul Reed*  
Employee Signature

11-22-21  
Date

\_\_\_\_\_  
Home Manager Signature

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: \_\_\_\_\_ Policy/Procedure/Topic: Documentation

Trained By: Tony Giancaspro Date Trained: 11/22/2021

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.

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*Tony Giancaspro*  
Employee Signature

11-22-21  
Date

\_\_\_\_\_  
Home Manager Signature

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: \_\_\_\_\_ Policy/Procedure/Topic: Personal Device

Trained By: Tony Giancaspro Date Trained: 11/22/2021

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.

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Pull Reed  
Employee Signature

11-22-21  
Date

\_\_\_\_\_  
Home Manager Signature

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: \_\_\_\_\_ Policy/Procedure/Topic: Finalizing note

Trained By: Tony Giancaspro Date Trained: 11/22/2021

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.

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*Paul Reed*  
Employee Signature

\_\_\_\_\_  
Home Manager Signature

11-22-21  
Date

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: \_\_\_\_\_ Policy/Procedure/Topic: Cleaning

Trained By: Tony Giancaspro Date Trained: 11/22/2021

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.

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Paul Reed  
Employee Signature

11-22-21  
Date

\_\_\_\_\_  
Home Manager Signature

\_\_\_\_\_  
Date

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