BEACON
Specialized Living

Training Acknowledgment

Employee Name: Tony Giancaspro 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.

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.

Employee Signature *Date*

Home Manager Signature *Date*

Copy to Employee
Copy to Employee Personnel File/HR

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Training Acknowledgment

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

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Employee Signature _____ Date _____

Home Manager Signature _____ Date _____

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Training Acknowledgment

Employee Name: Tony Giancaspro Policy/Procedure/Topic: Personal Device

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

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Home Manager Signature _____ Date _____

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Training Acknowledgment

Employee Name: Tony Giancaspro Policy/Procedure/Topic: Personal Device

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

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Employee Name: Tony Giancaspro Policy/Procedure/Topic: Personal Device

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Employee Signature *Date*

Home Manager Signature *Date*

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Training Acknowledgment

Employee Name: Tony Giancaspro Policy/Procedure/Topic: PRN follow up

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

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Employee Signature _____ Date _____

Home Manager Signature _____ Date _____

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Specialized Living

Training Acknowledgment

Employee Name: Tony Giancaspro Policy/Procedure/Topic: Cellular phones

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

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Home Manager Signature _____ Date _____

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Training Acknowledgment

Employee Name: Tony Giancaspro Policy/Procedure/Topic: PRN follow up

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

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

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Home Manager Signature _____ Date _____

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Packing Slips
Med Packs
Medication Book / Poster Book
Hypo, Hyper, CPR, Choking

Training Acknowledgment

Employee Name: _____ Policy/Procedure/Topic: Attestation Form, On-Call

Trained By: Kim Howard Date Trained: _____

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

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_____ 11/22/2021
Employee Signature Date

_____ _____
Home Manager Signature Date

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