



Med packs  
Packing Slips

Training Acknowledgment

Employee Name: James Koehn

Policy/Procedure/Topic: Medication Book / Poster Book  
Hypo, Hyper, CPR, Choking  
Attestation Form  
On-Call

Trained By: KLM Howard

Date Trained: \_\_\_\_\_

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.

[Signature]  
Employee Signature

11/22/21  
Date

[Signature]  
Home Manager Signature

\_\_\_\_\_  
Date

- Copy to Employee
- Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: James Lee 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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James Lee  
Employee Signature

11/22/21  
Date

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

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: JAMES LOEH Policy/Procedure/Topic: Finalizing note

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

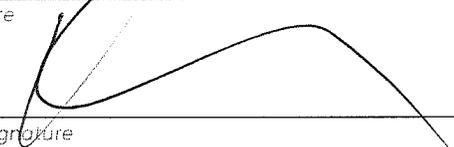
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Employee Signature

11/22/21  
Date

  
Home Manager Signature

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: James Loeh 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.

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[Handwritten Signature]  
Employee Signature

11/22/21  
Date

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

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

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Employee Name: James Loehr Policy/Procedure/Topic: Sleep on shift  
Trained By: Tony Giancaspro Date Trained: 11/22/2021

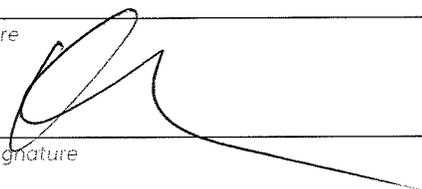
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\_\_\_\_\_  
Employee Signature

11/22/21  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: JAMES LOER Policy/Procedure/Topic: Company vehicle and ac  
Trained By: Tony Giancaspro Date Trained: 11-22-2021

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[Handwritten Signature]  
Employee Signature

11/22/21  
Date

[Handwritten Signature]  
Home Manager Signature

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: James Laehr Policy/Procedure/Topic: PRN follow up

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

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[Handwritten Signature]  
Employee Signature

11/22/21  
Date

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

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR





## Training Acknowledgment

Employee Name: James Lochr 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.

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James Lochr  
Employee Signature

11/22/21  
Date

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

\_\_\_\_\_  
Date

Copy to Employee  
Copy to Employee Personnel File/HR



## Training Acknowledgment

Employee Name: James Lochr 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.

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James Lochr  
Employee Signature

11/22/21  
Date

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

\_\_\_\_\_  
Date

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Copy to Employee Personnel File/HR