



## Training Acknowledgment

Employee Name: Christine Brouski Policy/Procedure/Topic: Medical Training  
Trained By: Merrilee Sarkipato Date Trained: 12/9/21

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.

Christine Brouski  
Employee Signature

12-9-2021  
Date

Denise Rogero  
Home Manager Signature

12/9/21  
Date

Merrilee Sarkipato

12-9-21

Copy to Employee  
Copy to Employee Personnel File/HR