



BEACON
Specialized Living

Training Acknowledgment

Employee Name: Micah Haven Policy/Procedure/Topic: Home Binders
Trained By: Angela Stiles Date Trained: 12/28/21

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.

[Handwritten Signature]
Employee Signature

12/28/21
Date

ANGELA STILES
Home Manager Signature

12/28/21
Date

Copy to Employee
Copy to Employee Personnel File/HR



BEACON
Specialized Living

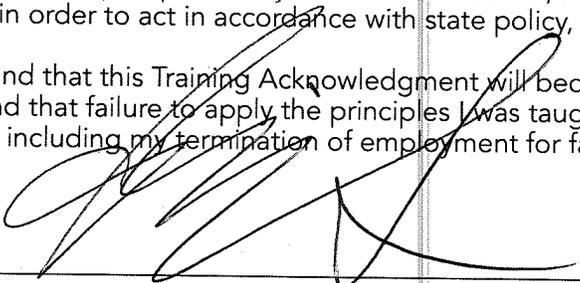
Training Acknowledgment

Employee Name: Micha Haven Policy/Procedure/Topic: Next Step Reminders
Trained By: Angela Stiles Date Trained: 12/28/21

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

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Employee Signature

12/28/21

Date

ANGELA STILES

Home Manager Signature

12/28/21

Date

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Specialized Living

Training Acknowledgment

Employee Name: Micah Haven Policy/Procedure/Topic: E-SCORES
Trained By: Angela Stiles Date Trained: 12/28/21

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.

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Employee Signature

12/28/21

Date

ANGELA STILES

Home Manager Signature

12/28/21

Date

Copy to Employee
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BEACON Specialized Living

Training Acknowledgment

Employee Name: Micah Haven Policy/Procedure/Topic: Home Manager Organization
 Trained By: Angela Stiles Date Trained: 12/28/21

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.

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[Handwritten Signature]

Employee Signature

12/28/21

Date

ANGELA STILES

Home Manager Signature

12/28/21

Date

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