



Training Acknowledgment

Employee Name: Taylor Vail Policy/Procedure/Topic: Emergency Medical Care
Trained By: Kelly Krutsch Date Trained: 02/24/22

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.

Taylor Vail
Employee Signature

2-24-22
Date

Kelly Krutsch
Home Manager Signature

2-24-22
Date

Copy to Employee
Copy to Employee Personnel File/HR



Training Acknowledgment

Employee Name: Jennifer Bone Policy/Procedure/Topic: Emergency Medical Care
Trained By: Kelly Krutsch Date Trained: 02/24/22

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Jennifer Bone
Employee Signature

2-24-22
Date

Kelly Krutsch
Home Manager Signature

2-24-22
Date

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Training Acknowledgment

Employee Name: Eyana Simmons Policy/Procedure/Topic: Emergency Medical Care

Trained By: Kelly Krutsch Date Trained: 02/24/22

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Eyana Simmons
Employee Signature

2/24/22
Date

Kelly Krutsch
Home Manager Signature

2/24/22
Date

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Training Acknowledgment

Employee Name: Tasha Lemar Policy/Procedure/Topic: Emergency Medical Care
Trained By: Kelly Krutsch Date Trained: 02/24/22

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Tasha Lemar
Employee Signature

2/24/22
Date

Kelly Krutsch
Home Manager Signature

2/24/22
Date

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Training Acknowledgment

Employee Name: Robert Hunt Policy/Procedure/Topic: Emergency Medical Care

Trained By: Kelly Krutsch Date Trained: 02/24/22

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Employee Signature

2/24/22
Date


Home Manager Signature

2/24/22
Date

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