



Training Acknowledgment

Employee Name: Kaitlin Dickerson Policy/Procedure/Topic: See Below  
Trained By: Pam Date Trained: 4/28/2021

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.

Kaitlin Dickerson  
Employee Signature

4/28/2021  
Date

Pam  
Home Manager Signature

4-28-2021  
Date

Copy to Employee  
Copy to Employee Personnel File/HR

EMAR - medication documentation - 6 Rights of passing meds  
PRN documentation - No blanks on mars

Printed Mar documentation

Calling Medical and on call medical policy

Provider Contact Sheet

Control Count

When to Call 911

Medication Referrals

vital sign policy

Medication Errors