Owakihi, Inc.

Training Summary Form

I. **Employee:** Desiree Michaelson **Topic:** DC training **Credit Hours:** 4.0

II. **Description of Training Content:** ODrive review, billing sheets, incident reporting, EUMR, internal review, notification to internal reporter, alleged maltreatment

III. **Training Procedures:**

Training Format		Instructional Methods		Demonstrated Competency	
____	Self Study	X	Written: incident report	____	Knowledge Testing (Quiz)
____	Individualized Training	X	Oral Presentation and Dialogue	____	Observed Skill Assessment
____	Team Meeting	____	Guided Observation	____	Other:
X	Owakihi Inservice	____	Guided Practice		
____	Other:____	____	Other:____		

IV. **Date(s):** 4/9/2020 (M/D/Y) **Trainer/Position:** Leadership Development manager

Time(s): 10-2:00p (AM or PM) **Trainer Signature:** Jan Ferdowsi

I understand the information received and my responsibilities for implementation with this company and persons served.

Employee Signature: Desiree Michaelson

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.