

Owakihi, Inc.
Training Summary Form

I. Employee: Leanne Prior Topic: COVID-19 Plan Credit Hours: 0.5

II. Description of Training Content:

III. Training Procedures:

<u>Training Format</u>		<u>Instructional Methods</u>		<u>Demonstrated Competency</u>	
<input checked="" type="checkbox"/>	Self Study	Written:	_____	<input checked="" type="checkbox"/>	Knowledge Testing (Quiz)
<input checked="" type="checkbox"/>	Individualized Training		_____	<input type="checkbox"/>	Observed Skill Assessment
<input checked="" type="checkbox"/>	Team Meeting		_____	Other:	_____
_____	Owakihi Inservice		_____		
_____	Other:		_____		

IV. Date(s): 4/15 Trainer/Position: _____

Time(s): 10:15-10:45 (M/D/Y) Trainer Signature: Leanne Prior
(AM or PM)

I understand the information received and my responsibilities for implementation with this company and persons served.
Employee Signature: Leanne Prior

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.