



Training Summary Form

I. **Employee:** Bobby Cox **Topic:** Enbrel Injection Pen **Credit Hours:** 0.5

II. **Description of Training Content:** Administering a subcutaneous Enbrel injection utilizing an injection pen.

III. **Training Procedures:**

<u>Training Format</u>		<u>Instructional Methods</u>	<u>Demonstrated Competency</u>
Self Study	_____	Written: _____	Knowledge Testing (Quiz) _____
Individualized Training	_____	Oral Presentation and Dialogue _____	Observed Skill Assessment _____
Team Meeting	_____	Guided Observation _____	Other: Star training _____
Inservice	_____	Guided Practice _____	
X Other: Small Group	_____	Other: _____	

IV. **Date(s):** 08/24/21 _____ **Trainer/Position:** Sean Mariette, RN _____
(M/D/Y)
Time(s): 3pm _____ **Trainer Signature:** [Signature]
(AM or PM)

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

Employee Signature: [Signature]

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.