BEACON
Specialized Living

Training Summary Form

I. **Employee:** Jeffery Westman **Topic:** G-Tube feeding and Medications **Credit Hours:** 0.5

II. **Description of Training Content:** Administering medications and feeding via G-tube button.

III. **Training Procedures:**

Training Format	Instructional Methods	Demonstrated Competency
____ Self Study	____ Written: _____	____ Knowledge Testing (Quiz)
_X_ Individualized Training	____ Oral Presentation and Dialogue	_X_ Observed Skill Assessment
____ Team Meeting	____ Guided Observation	____ Other: Star training
____ Inservice	_X_ Guided Practice	
____ Other:_____	____ Other:_____	

IV. Date(s): 08/11/21 (M/D/Y) Trainer/Position: Sean Mariette, RN

Time(s): _____ (AM or PM) Trainer Signature: _____

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

Employee 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.