BEACON
Specialized Living

Training Summary Form

I. **Employee:** Jacki Ford **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)
____	Individualized Training	____	Oral Presentation and Dialogue	_X_	Observed Skill Assessment
____	Team Meeting	____	Guided Observation	____	Other: Star training
____	Inservice	_X_	Guided Practice		
_X_	Other: Small Group	____	Other: ____		

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

Time(s): ____ (AM or PM) Trainer Signature: [signature]

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.