



# Training Summary Form

**Employee:** Abraham Talah **Credit Hours:** 3

**Topic:** Medication Administration

**Description of Training Content:** Transcribing medications onto the MAR, reordering from pharmacy, and administering medications via multiple routes.

**III. Training Procedures:**

**Training Format**

- Self Study \_\_\_\_\_
- Individualized Training
- Team Meeting \_\_\_\_\_
- Inservice
- Other:  Small Group \_\_\_\_\_

**Instructional Methods**

- Written: \_\_\_\_\_
- Oral Presentation and Dialogue
  - Guided Observation \_\_\_\_\_
  - Guided Practice \_\_\_\_\_
  - Other: \_\_\_\_\_

**Demonstrated Competency**

- Knowledge Testing (Quiz) \_\_\_\_\_
- Observed Skill Assessment
- Other: Star training \_\_\_\_\_

**IV. Date(s):** 2/2/22 Trainer/Position: Sean Mariette, RN

Time(s): 10:30 - 1:00 (M/DM) 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.**