



Training Summary Form

I. **Employee:** Kenneth Nwachukwu **Topic:** Medication Administration **Credit Hours:** 3

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

III. **Training Procedures:**

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

IV. **Date(s):** 2/2/22 Trainer/Position: Sean Mariette, RN
Time(s): (M/PM) 10-1 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.