



# Training Summary Form

**Employee:** Kenneth Nwachiri **Topic:** Epi-Pen use **Credit Hours:** 0.5

**Description of Training Content:** How to use an epi-pen in case of an emergency.

**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: \_\_\_\_\_

**IV. Date(s):** 2/2/22  
(M/D/Y)  
**Time(s):** 1p  
(AM or PM)

Trainer/Position: Sean Mariette, RN

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.**