



Training Summary Form

I. **Employee:** Kathryn Hallick **Topic:** Epi-Pen use **Credit Hours:** 0.25

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

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: _____

IV. **Date(s):** 2/16/22 **Trainer/Position:** Sean Mariette, RN
Time(s): 10 (M/PM) **Trainer Signature:** [Signature]
 (AM or PM)

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

Employee Signature: Kathryn Hallick 2/15/22

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.