



Training Summary Form

I. **Employee:** Bahya Sheikhs **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

Self Study _____
Individualized Training X
Team Meeting _____
Inservice X
Other: Small Group _____

Instructional Methods

Written: _____
Oral Presentation and Dialogue _____
Guided Observation _____
Guided Practice _____
Other: _____

Demonstrated Competency

Knowledge Testing (Quiz) _____
Observed Skill Assessment X
Other: Star training _____

IV. **Date(s):** 2/16/22

(M/D/Y)

Time(s): 10a-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.