



Training Summary Form

I. **Employee:** Mohamed Abdillan **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	Written: _____	Knowledge Testing (Quiz)
Individualized Training	Oral Presentation and Dialogue <input checked="" type="checkbox"/>	Observed Skill Assessment <input checked="" type="checkbox"/>
Team Meeting	Guided Observation <input type="checkbox"/>	Other: Star training <input type="checkbox"/>
Inservice	Guided Practice <input checked="" type="checkbox"/>	
Other: Small Group _____	Other: _____	

IV. **Date(s):** 2/16/22 **Trainer/Position:** Sean Mariette, RN
Time(s): 10a-1p **Trainer Signature:**

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

Employee 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.