BEACON
Specialized Living

Training Summary Form

I. **Employee:** Eleacia Anderson **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	_X_ Oral Presentation and Dialogue	_X_ Observed Skill Assessment
____ Team Meeting	____ Guided Observation	____ Other: Star training
____ Inservice	_X_ Guided Practice	
_X_ Other: Small Group	____ Other: ____	

IV. Date(s): 1/26/22 (M/D/Y) Trainer/Position: Sean Mariette, RN

Time(s): 10a-1p (AM or PM) Trainer Signature: [signature]

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

Employee Signature: Eleacia Anderson

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.