BEACON
Specialized Living

Training Summary Form

I. **Employee:** Eleacia Anderson **Topic:** Epi-Pen use **Credit Hours:** 0.5

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

III. **Training Procedures:**

Training Format		Instructional Methods		Demonstrated Competency	
____	Self Study	____	Written: ____	____	Knowledge Testing (Quiz)
____	Individualized Training	____	Oral Presentation and Dialogue	__X__	Observed Skill Assessment
____	Team Meeting	____	Guided Observation	____	Other:
____	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): 10 (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.