



Training Summary Form

Employee: Uabseca McKeown **Credit Hours:** 3

Topic: Medication Administration

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
- 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: Star training _____

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

Time(s): 10:00-11:00 (AM or PM) 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.