



Forday

Training Summary Form

- I. **Employee:** Shirley Ibrahim **Topic:** Medication Administration **Credit Hours:** 5
- 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 X
Guided Observation _____
Guided Practice _____
Other: _____

Demonstrated Competency

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

- IV. **Date(s):** 12/15/21 **Trainer/Position:** Sean Mariette, RN
(M/D/Y)
Time(s): 10a-1p **Trainer Signature:** [Signature]
(AM or PM)

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.