BEACON
Specialized Living

Training Summary Form

I. **Employee:** Tekelia Miller **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): 1/19/22 (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: [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.