



Training Summary Form

I. **Employee:** Khadija Ofori **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

Self Study _____
Individualized Training _____
Team Meeting _____
Inservice _____
X _____ 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):** 1/19/22

(M/D/Y)

Time(s): 10a-1p

(AM or PM)

Trainer/Position: Sean Mariette, RN

Trainer Signature: _____

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

Employee Signature: Khadija

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.