



# Training Summary Form

I. **Employee:** Ilyas Osman **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 _____	Observed Skill Assessment _____
Team Meeting _____	Guided Observation _____	Other: _____
Inservice _____	Guided Practice _____	
Other: Small Group _____	Other: _____	

IV. **Date(s):** 1/19/22 **Trainer/Position:** Sean Mariette, RN  
**Time(s):** 10 (M/D/Y) **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.**