



Training Summary Form

I. **Employee:** Flynn OSMY **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:

<u>Training Format</u>	<u>Instructional Methods</u>	<u>Demonstrated Competency</u>
Self Study	Written: _____	Knowledge Testing (Quiz)
<input checked="" type="checkbox"/> Individualized Training	<input checked="" type="checkbox"/> Oral Presentation and Dialogue	<input checked="" type="checkbox"/> Observed Skill Assessment
<input type="checkbox"/> Team Meeting	<input checked="" type="checkbox"/> Guided Observation	<input type="checkbox"/> Other: Star training
<input type="checkbox"/> Inservice	<input type="checkbox"/> Guided Practice	
<input checked="" type="checkbox"/> Other: Small Group	Other: _____	

IV. **Date(s):** 1/19/22 **Trainer/Position:** Sean Mariette, RN
Time(s): 10a-1p **Trainer Signature:**

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

Employee 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.