



Training Summary Form

I. **Employee:** Chloe Koese **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

Self Study _____
Individualized Training _____
Team Meeting _____
Inservice _____
Other: Small Group _____

Instructional Methods

Written: _____
Oral Presentation and Dialogue _____
Guided Observation _____
Guided Practice _____
Other: _____

Demonstrated Competency

Knowledge Testing (Quiz) _____
Observed Skill Assessment _____
Other: _____

IV. **Date(s):** 1/19/22
(MDP)
Time(s): _____
(AM or PM)

Trainer/Position: Sean Mariette, RN

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.