BEACON
Specialized Living

Training Summary Form

I. **Employee:** Dawit Lemma **Topic:** Epi-Pen use **Credit Hours:** 0.25

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	X Observed Skill Assessment
____ Team Meeting	____ Guided Observation	____ Other:
____ Inservice	X Guided Practice	
X Other: Small Group	____ Other: ____	

IV. **Date(s):** 3/9/22 (M/D/Y) Trainer/Position: Sean Mariette, RN

Time(s): 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.