



# Training Summary Form

I. **Employee:** Davit Lemma **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   X
- Team Meeting   X
- Inservice \_\_\_\_\_
- Other:   X   Small Group \_\_\_\_\_

### Instructional Methods

- Written: \_\_\_\_\_
- Oral Presentation and Dialogue   X
- Guided Observation \_\_\_\_\_
- Guided Practice   X
- Other: \_\_\_\_\_

### Demonstrated Competency

- Knowledge Testing (Quiz) \_\_\_\_\_
- Observed Skill Assessment   X
- Other: Star training \_\_\_\_\_

IV. **Date(s):** 3/9/22

**Trainer/Position:** Sean Mariette, RN

**Time(s):** 10-11  
(AM or PM)

**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.**