



Training Summary Form

I. **Employee:** Hawen Adan **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
- 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: Star training

IV. **Date(s):** 03-30-22
(M/DM)

Trainer/Position: Sean Mariette, RN

Time(s): 10am - 12pm
(AM or PM)

Trainer Signature: [Signature]

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

Employee Signature: See above

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.