

## Employee Training for the Insulin Pen Delivery System

EMPLOYEE NAME Brian Mattox  
DATE 3/18/24 LENGTH OF TRAINING 5

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- |                                     |                          |                          |   |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Overview of insulin delivery system                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Procedure for contacting nurse or doctor             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Location of written procedure and protocol           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Purpose and effects of procedure                     |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 10. Other _____   |

**THE EMPLOYEE HAS SUCCESSFULLY DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Brian Mattox  
Employee Signature

[Signature]  
Nurse Signature

## Employee Training for the Insulin Pen Delivery System

EMPLOYEE NAME Daiane Rice  
DATE 3/18/24 LENGTH OF TRAINING 5

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- |                                     |                          |                          |   |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Overview of insulin delivery system                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Equipment necessary for procedure                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Specific protocol                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Symptoms and signs requiring physician notification  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Procedure for contacting nurse or doctor             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Procedure for cleaning/replacing equipment           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Location of written procedure and protocol           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Purpose and effects of procedure                     |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | 10. Other _____   |

**THE EMPLOYEE HAS SUCCESSFULLY DEMONSTRATED THEIR SKILL IN PERFORMING THIS PROCEDURE.**

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or physician of problems or questions.

Daiane Rice  
Employee Signature

J. Anderson RN  
Nurse Signature