Staff Sign In Sheet for Training

Type of Training: General PAI 60 day Training Date: 5/2/24

Please print and sign your name below

Allie Sutherland
Allie Sutherland
Jessica
IDRISSA UMBEREYIMPURA
Roderick Oji
Kieryia Ramsey
Grace M. Tour
Brittany Thompson

Employee Training

Presenter: Shannon Rice, RN

Employee: Grace M. Pour Date: 05/02/24

The above named staff member has received the following information:

- Review of nurse notification expectations and procedures
- EpiPen information and procedure
- General seizure training including types of seizures and seizure first aid
- Orientation to and location of HCS medication and health care policy and procedure manual
- Health care directives review
- VNS information and procedure
- Diabetes overview including signs & symptoms of hypo/hyperglycemia
- Diets & Nutrition

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

Staff signature: _____

Signature of Trainer: S Rice RN

Employee Training

Presenter: Shannon Rice, RN

Employee: JORISSA UNBEREYINPURA Date: 5/21/24

The above named staff member has received the following information:

- Review of nurse notification expectations and procedures
- EpiPen information and procedure
- General seizure training including types of seizures and seizure first aid
- Orientation to and location of HCS medication and health care policy and procedure manual
- Health care directives review
- VNS information and procedure
- Diabetes overview including signs & symptoms of hypo/hyperglycemia
- Diets & Nutrition

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

Staff signature: _____

Signature of Trainer: _____

Employee Training
Presenter: Shannon Rice, RN

Employee: Kieryia Ramsey Date: 5/2/24

The above named staff member has received the following information:

- Review of nurse notification expectations and procedures
- EpiPen information and procedure
- General seizure training including types of seizures and seizure first aid
- Orientation to and location of HCS medication and health care policy and procedure manual
- Health care directives review
- VNS information and procedure
- Diabetes overview including signs & symptoms of hypo/hyperglycemia
- Diets & Nutrition

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

Staff signature:
Signature of Trainer:

Employee Training

Presenter: Shannon Rice, RN

Employee: Felicia Schwartz Date: 5/2/24

The above named staff member has received the following information:

- Review of nurse notification expectations and procedures
- EpiPen information and procedure
- General seizure training including types of seizures and seizure first aid
- Orientation to and location of HCS medication and health care policy and procedure manual
- Health care directives review
- VNS information and procedure
- Diabetes overview including signs & symptoms of hypo/hyperglycemia
- Diets & Nutrition

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

Staff signature: _____

Signature of Trainer: _____

Employee Training

Presenter: Shannon Rice, RN

Employee: RODERICK OJI Date: 05-05-2024

The above named staff member has received the following information:

- Review of nurse notification expectations and procedures
- EpiPen information and procedure
- General seizure training including types of seizures and seizure first aid
- Orientation to and location of HCS medication and health care policy and procedure manual
- Health care directives review
- VNS information and procedure
- Diabetes overview including signs & symptoms of hypo/hyperglycemia
- Diets & Nutrition

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

Staff signature: _____

Signature of Trainer: _____

Employee Training
Presenter: Shannon Rice, RN

Employee: Brittany Thompson Date: 5/2/24

The above named staff member has received the following information:

- Review of nurse notification expectations and procedures
- EpiPen information and procedure
- General seizure training including types of seizures and seizure first aid
- Orientation to and location of HCS medication and health care policy and procedure manual
- Health care directives review
- VNS information and procedure
- Diabetes overview including signs & symptoms of hypo/hyperglycemia
- Diets & Nutrition

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

Staff signature: Brittany Thompson
Signature of Trainer: Shannon Rice

Employee Training

Presenter: Shannon Rice, RN

Employee: Allie Sutherland Date: 5/2/24

The above named staff member has received the following information:

- Review of nurse notification expectations and procedures
- EpiPen information and procedure
- General seizure training including types of seizures and seizure first aid
- Orientation to and location of HCS medication and health care policy and procedure manual
- Health care directives review
- VNS information and procedure
- Diabetes overview including signs & symptoms of hypo/hyperglycemia
- Diets & Nutrition

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

Staff signature: Allie Sutherland

Signature of Trainer: Shannon Rice RN

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Idrissa Uedbeyimpura DATE 5/21/24

LENGTH OF TRAINING 2 hours

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☑	☐	☐	1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds
☑	☐	☐	2. Epi-pen – purpose and use
☑	☐	☐	3. DNR/DNI – POLST
☑	☐	☐	4. Diabetes – general overview, diet, meds
☑	☐	☐	5. Other Diets & Nutrition
☑	☐	☐	**The staff member has received information on all topics presented and has successfully verbalized/demonstrated any skills.**

1. I fully understand the above information and am willing to assume responsibility for performing the any of the above training/procedures.
2. I will perform any procedure according to the instructions provided.
3. I will notify the nurse or healthcare provider of problems or questions.

Staff Signature

Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Grace M. Bow DATE 05/02/24

LENGTH OF TRAINING 2 hours

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☑	☐	☐	1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds
☑	☐	☐	2. Epi-pen – purpose and use
☑	☐	☐	3. DNR/DNI – POLST
☑	☐	☐	4. Diabetes – general overview, diet, meds
☑	☐	☐	5. Other Diets & Nutrition
☑	☐	☐	**The staff member has received information on all topics presented and has successfully verbalized/demonstrated any skills.**

1. I fully understand the above information and am willing to assume responsibility for performing the any of the above training/procedures.
2. I will perform any procedure according to the instructions provided.
3. I will notify the nurse or healthcare provider of problems or questions.

Staff Signature

Nurse Signature

Employee Training for Use of EpiPen

EMPLOYEE NAME Grace M. Dour

DATE 05/02/24 LENGTH OF TRAINING 15 min.

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A		
☑	☐	☐	1.	Signs and Symptoms of anaphylaxis
☑	☐	☐	2.	Equipment necessary for procedure
☑	☐	☐	3.	Specific protocol
☑	☐	☐	4.	Consequences if procedure not performed correctly
☑	☐	☐	5.	Symptoms and signs requiring physician notification
☑	☐	☐	6.	Procedure for contacting nurse or doctor
☑	☐	☐	7.	Procedure for cleaning/replacing equipment
☑	☐	☐	8.	Location of written procedure and protocol
☑	☐	☐	9.	Purpose and effects of procedure
☐	☐	☐	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.

Employee Signature

Nurse Signature

Employee Training for Use of EpiPen

EMPLOYEE NAME Roderick OTI

DATE 05/05/2024 LENGTH OF TRAINING 15 minutes

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A		
☑	☐	☐	1.	Signs and Symptoms of anaphylaxis
☑	☐	☐	2.	Equipment necessary for procedure
☑	☐	☐	3.	Specific protocol
☑	☐	☐	4.	Consequences if procedure not performed correctly
☑	☐	☐	5.	Symptoms and signs requiring physician notification
☑	☐	☐	6.	Procedure for contacting nurse or doctor
☑	☐	☐	7.	Procedure for cleaning/replacing equipment
☑	☐	☐	8.	Location of written procedure and protocol
☑	☐	☐	9.	Purpose and effects of procedure
☐	☐	☐	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.

Employee Signature

Nurse Signature RN

Employee Training for Use of EpiPen

EMPLOYEE NAME Kiryia Ramsey

DATE 5/2/24 LENGTH OF TRAINING 15 min.

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☑	☐	☐	1. Signs and Symptoms of anaphylaxis
☑	☐	☐	2. Equipment necessary for procedure
☑	☐	☐	3. Specific protocol
☑	☐	☐	4. Consequences if procedure not performed correctly
☑	☐	☐	5. Symptoms and signs requiring physician notification
☑	☐	☐	6. Procedure for contacting nurse or doctor
☑	☐	☐	7. Procedure for cleaning/replacing equipment
☑	☐	☐	8. Location of written procedure and protocol
☑	☐	☐	9. Purpose and effects of procedure
☐	☐	☐	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.

Employee Signature

Nurse Signature

Employee Training for Use of EpiPen

EMPLOYEE NAME Felicia Schwartz

DATE 5/2/24 LENGTH OF TRAINING 15 mins

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☒	☐	☐	1. Signs and Symptoms of anaphylaxis
☒	☐	☐	2. Equipment necessary for procedure
☒	☐	☐	3. Specific protocol
☒	☐	☐	4. Consequences if procedure not performed correctly
☒	☐	☐	5. Symptoms and signs requiring physician notification
☒	☐	☐	6. Procedure for contacting nurse or doctor
☒	☐	☐	7. Procedure for cleaning/replacing equipment
☒	☐	☐	8. Location of written procedure and protocol
☒	☐	☐	9. Purpose and effects of procedure
☐	☐	☐	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.

Employee Signature

Nurse Signature

Employee Training for Use of EpiPen

EMPLOYEE NAME Brittany Thompson

DATE 5/2/24 LENGTH OF TRAINING 15 minutes

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A		
☒	☐	☐	1.	Signs and Symptoms of anaphylaxis
☒	☐	☐	2.	Equipment necessary for procedure
☒	☐	☐	3.	Specific protocol
☒	☐	☐	4.	Consequences if procedure not performed correctly
☒	☐	☐	5.	Symptoms and signs requiring physician notification
☒	☐	☐	6.	Procedure for contacting nurse or doctor
☒	☐	☐	7.	Procedure for cleaning/replacing equipment
☒	☐	☐	8.	Location of written procedure and protocol
☒	☐	☐	9.	Purpose and effects of procedure
☐	☐	☐	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.

Brittany Thompson
Employee Signature

Nurse Signature

Employee Training for Use of EpiPen

EMPLOYEE NAME Allie Sutherland

DATE 5/2/24 LENGTH OF TRAINING 15 mins

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☒	☐	☐	1. Signs and Symptoms of anaphylaxis
☒	☐	☐	2. Equipment necessary for procedure
☒	☐	☐	3. Specific protocol
☒	☐	☐	4. Consequences if procedure not performed correctly
☒	☐	☐	5. Symptoms and signs requiring physician notification
☒	☐	☐	6. Procedure for contacting nurse or doctor
☒	☐	☐	7. Procedure for cleaning/replacing equipment
☒	☐	☐	8. Location of written procedure and protocol
☒	☐	☐	9. Purpose and effects of procedure
☐	☐	☐	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.

Allie Sutherland
Employee Signature

S. Rice RN
Nurse Signature

Employee Training for Use of EpiPen

EMPLOYEE NAME IDRISSA UMBEREYINPURA

DATE 3/21/24 LENGTH OF TRAINING 15 minutes

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☑	☐	☐	1. Signs and Symptoms of anaphylaxis
☑	☐	☐	2. Equipment necessary for procedure
☑	☐	☐	3. Specific protocol
☑	☐	☐	4. Consequences if procedure not performed correctly
☑	☐	☐	5. Symptoms and signs requiring physician notification
☑	☐	☐	6. Procedure for contacting nurse or doctor
☑	☐	☐	7. Procedure for cleaning/replacing equipment
☑	☐	☐	8. Location of written procedure and protocol
☑	☐	☐	9. Purpose and effects of procedure
☑	☐	☐	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.

Employee Signature

S Rice RN
Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

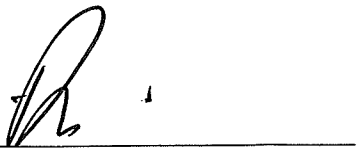
EMPLOYEE NAME Roderick Os

DATE 05/05/2024 LENGTH OF TRAINING 15 mins

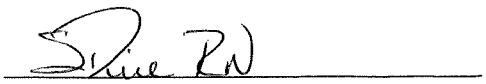
THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A		
☑	☐	☐	1.	Purpose and effects of procedure
☑	☐	☐	2.	Equipment necessary for procedure
☑	☐	☐	3.	Specific protocol
☑	☐	☐	4.	Symptoms and signs requiring physician notification
☑	☐	☐	5.	Consequences if procedure is not performed correctly
☑	☐	☐	6.	Information about contacting nurse or doctor
☑	☐	☐	7.	Procedure for cleaning/replacing equipment
☑	☐	☐	8.	Location of written procedure and protocol
☐	☐	☐	9.	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.



Employee Signature



Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Felicia Schwartz

DATE 5/2/24 LENGTH OF TRAINING 15 mins

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☒	☐	☐	1. Purpose and effects of procedure
☒	☐	☐	2. Equipment necessary for procedure
☒	☐	☐	3. Specific protocol
☒	☐	☐	4. Symptoms and signs requiring physician notification
☒	☐	☐	5. Consequences if procedure is not performed correctly
☒	☐	☐	6. Information about contacting nurse or doctor
☒	☐	☐	7. Procedure for cleaning/replacing equipment
☒	☐	☐	8. Location of written procedure and protocol
☐	☐	☐	9. 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.

Employee Signature

Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Kieryia Ramsey

DATE 5/2/24 LENGTH OF TRAINING 15 min.

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☒	☐	☐	1. Purpose and effects of procedure
☒	☐	☐	2. Equipment necessary for procedure
☒	☐	☐	3. Specific protocol
☒	☐	☐	4. Symptoms and signs requiring physician notification
☒	☐	☐	5. Consequences if procedure is not performed correctly
☒	☐	☐	6. Information about contacting nurse or doctor
☒	☐	☐	7. Procedure for cleaning/replacing equipment
☒	☐	☐	8. Location of written procedure and protocol
☐	☐	☐	9. 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.

Employee Signature

S Rice RN
Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Brittany Thompson

DATE 5/2/24 LENGTH OF TRAINING 15 minutes

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☑	☐	☐	1. Purpose and effects of procedure
☑	☐	☐	2. Equipment necessary for procedure
☒	☐	☐	3. Specific protocol
☑	☐	☐	4. Symptoms and signs requiring physician notification
☑	☐	☐	5. Consequences if procedure is not performed correctly
☑	☐	☐	6. Information about contacting nurse or doctor
☑	☐	☐	7. Procedure for cleaning/replacing equipment
☑	☐	☐	8. Location of written procedure and protocol
☒	☐	☐	9. 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.

Brittany Thompson
Employee Signature

S Rue RN
Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Idrissa Umbereyimpuha

DATE 5/02/24 LENGTH OF TRAINING 15 minutes

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☑	☐	☐	1. Purpose and effects of procedure
☑	☐	☐	2. Equipment necessary for procedure
☑	☐	☐	3. Specific protocol
☑	☐	☐	4. Symptoms and signs requiring physician notification
☑	☐	☐	5. Consequences if procedure is not performed correctly
☑	☐	☐	6. Information about contacting nurse or doctor
☑	☐	☐	7. Procedure for cleaning/replacing equipment
☑	☐	☐	8. Location of written procedure and protocol
☑	☐	☐	9. 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.

Idrissa
Employee Signature

S Pine RN
Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Grace M. Power

DATE 05/02/24 LENGTH OF TRAINING 15 mins

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☑	☐	☐	1. Purpose and effects of procedure
☑	☐	☐	2. Equipment necessary for procedure
☑	☐	☐	3. Specific protocol
☑	☐	☐	4. Symptoms and signs requiring physician notification
☑	☐	☐	5. Consequences if procedure is not performed correctly
☑	☐	☐	6. Information about contacting nurse or doctor
☑	☐	☐	7. Procedure for cleaning/replacing equipment
☑	☐	☐	8. Location of written procedure and protocol
☐	☐	☐	9. 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.

Employee Signature

Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Allie Sutherland

DATE 5/2/24 LENGTH OF TRAINING 15 mins

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☒	☐	☐	1. Purpose and effects of procedure
☒	☐	☐	2. Equipment necessary for procedure
☒	☐	☐	3. Specific protocol
☒	☐	☐	4. Symptoms and signs requiring physician notification
☒	☐	☐	5. Consequences if procedure is not performed correctly
☒	☐	☐	6. Information about contacting nurse or doctor
☒	☐	☐	7. Procedure for cleaning/replacing equipment
☒	☐	☐	8. Location of written procedure and protocol
☒	☐	☐	9. 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.

Allie Sutherland
Employee Signature

S Rice RN
Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Felicia Schwartz DATE 5-2-24

LENGTH OF TRAINING 2 hrs

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☒	☐	☐	1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds
☒	☐	☐	2. Epi-pen – purpose and use
☒	☐	☐	3. DNR/DNI – POLST
☒	☐	☐	4. Diabetes – general overview, diet, meds
☒	☐	☐	5. Other Diets & Nutrition
☒	☐	☐	**The staff member has received information on all topics presented and has successfully verbalized/demonstrated any skills.**

1. I fully understand the above information and am willing to assume responsibility for performing the any of the above training/procedures.
2. I will perform any procedure according to the instructions provided.
3. I will notify the nurse or healthcare provider of problems or questions.

Staff Signature

Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Rodrick Orr DATE 05-05-2024

LENGTH OF TRAINING 2 hours.

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☑	☐	☐	1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds
☑	☐	☐	2. Epi-pen – purpose and use
☑	☐	☐	3. DNR/DNI – POLST
☑	☐	☐	4. Diabetes – general overview, diet, meds
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☑	☐	☐	**The staff member has received information on all topics presented and has successfully verbalized/demonstrated any skills.**

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3. I will notify the nurse or healthcare provider of problems or questions.

Staff Signature

Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Kieryia Ramsey DATE 5/2/24

LENGTH OF TRAINING 2 hours

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☒	☐	☐	1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds
☒	☐	☐	2. Epi-pen – purpose and use
☒	☐	☐	3. DNR/DNI – POLST
☒	☐	☐	4. Diabetes – general overview, diet, meds
☒	☐	☐	5. Other Diets & Nutrition
☒	☐	☐	**The staff member has received information on all topics presented and has successfully verbalized/demonstrated any skills.**

1. I fully understand the above information and am willing to assume responsibility for performing the any of the above training/procedures.
2. I will perform any procedure according to the instructions provided.
3. I will notify the nurse or healthcare provider of problems or questions.

Staff Signature

Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Allie Sutherland DATE 5/2/24

LENGTH OF TRAINING 2 Hours

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☒	☐	☐	1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds
☒	☐	☐	2. Epi-pen – purpose and use
☒	☐	☐	3. DNR/DNI – POLST
☒	☐	☐	4. Diabetes – general overview, diet, meds
☒	☐	☐	5. Other Diets & Nutrition
☒	☐	☐	**The staff member has received information on all topics presented and has successfully verbalized/demonstrated any skills.**

1. I fully understand the above information and am willing to assume responsibility for performing the any of the above training/procedures.
2. I will perform any procedure according to the instructions provided.
3. I will notify the nurse or healthcare provider of problems or questions.

Allie Sutherland

Staff Signature

Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Brittany Thompson DATE 5/2/24

LENGTH OF TRAINING 2 hours

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes	No	N/A	
☑	☐	☐	1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds
☒	☐	☐	2. Epi-pen – purpose and use
☒	☐	☐	3. DNR/DNI – POLST
☒	☐	☐	4. Diabetes – general overview, diet, meds
☒	☐	☐	5. Other Diets & Nutrition
☒	☐	☐	**The staff member has received information on all topics presented and has successfully verbalized/demonstrated any skills.**

1. I fully understand the above information and am willing to assume responsibility for performing the any of the above training/procedures.
2. I will perform any procedure according to the instructions provided.
3. I will notify the nurse or healthcare provider of problems or questions.

Brittany Thompson

Staff Signature

Nurse Signature