GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Maria M DATE June 12 2024

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.

Maria M

Staff Signature

Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Bi Grace DATE 6/12/24

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 Lafeyh Gulcan DATE 6/12/2024

LENGTH OF TRAINING 2

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 morgan smith DATE 6-12-24

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.

morgan smith — **Staff Signature**

Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Courtney Nurse DATE 01/10/24

LENGTH OF TRAINING 2hrs

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.

Courtney Nurse

Staff Signature

Nurse Signature