

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME COURTNEY ANSS

DATE 10/12/24 LENGTH OF TRAINING 15 min

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- | | | | |
|-------------------------------------|--------------------------|--------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Purpose and effects of procedure |
| <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. Symptoms and signs requiring physician notification |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Consequences if procedure is not performed correctly |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Information about 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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.

COURTNEY ANSS
Employee Signature

[Signature]
Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Morgan Smith

DATE 6/12/24 LENGTH OF TRAINING 15 minutes

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- | | | | |
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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.

Morgan Smith
Employee Signature

[Signature]
Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Lataefh Oulikov

DATE 6/12/2024 LENGTH OF TRAINING 15 minutes

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Yes No N/A

- | | | | |
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| <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. Other <u>Successful perform</u> |

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.

Lataefh Oulikov
Employee Signature

[Signature]
Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Bl Grace

DATE 6/12/2024 LENGTH OF TRAINING 15 minutes

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

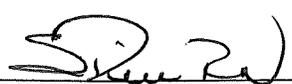
- | | | | |
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Employee Signature



Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Nada M

DATE June 12 2024 LENGTH OF TRAINING 15 min

THE EMPLOYEE HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- | | | | |
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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.

Nada M
Employee Signature

[Signature]
Nurse Signature