Staff Sign In Sheet for Training

Type of Training: General PAI Site Training (60 Day) Date: 7/29/24

Please print and sign your name below

Kristincie Smoot

Lafeeph Onilcoro

Julz Beh

Mao Thao

Alexis Constantine

Isabel Cox

Laura Kinney

Leah climer Leah Climer

Employee Training

Presenter: Shannon Rice, RN

Employee: Laura Kinney Date: 7/29/24

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]

Signature of Trainer: [signature]

Employee Training

Presenter: Shannon Rice, RN

Employee: Mao Thao Date: 7 | 29 | 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: Elena Gardner Date: 07/29/2024

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: Elena Gardner

Signature of Trainer: S Rice RN

Employee Training

Presenter: Shannon Rice, RN

Employee: Isabel Cox Date: 7/29/24

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: Julia Baker Date: 7/29/24

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: Julia Baker

Signature of Trainer: S Rice RN

Employee Training

Presenter: Shannon Rice, RN

Employee: Kristina Smoot Date: 7/29/24

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: Alexis Constantine Date: 7/29/24

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: Alexis

Signature of Trainer: S Rice RN

Employee Training

Presenter: Shannon Rice, RN

Employee: Leah Climer Date: 7/29/24

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: Leah Climer

Signature of Trainer: S Rice RN

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Laura Kinney

DATE 7-29-24 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

Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Elena Zadow

DATE 07/29/2024 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

Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Alexis Constantine

DATE 7/29/24 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 Leah Climer

DATE 7/29/24 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.

Leah Climer — Employee Signature

S Rice RN — Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Julia Baker

DATE 7/29/24 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.

Julia Baker
Employee Signature

Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Mao Thao

DATE 7/29/24 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 Kristina Smoot

DATE 7/29/24 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

Nurse Signature

Employee Training for Vagus Nerve Stimulation (VNS)

EMPLOYEE NAME Isabel Cox

DATE 7/29/24 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 Use of EpiPen

EMPLOYEE NAME Laura Kinney

DATE 7/29/24 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 Leah Climer

DATE 7/29/24 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.

Leah Climer
Employee Signature

S. Rice RN
Nurse Signature

Employee Training for Use of EpiPen

EMPLOYEE NAME Elena Zadow

DATE 07/29/2024 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 Alexis Constantine

DATE 7/29/24 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.

Alexis
Employee Signature

Nurse Signature

Employee Training for Use of EpiPen

EMPLOYEE NAME Isabel Cox

DATE 7/29/24 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 Julia Baker

DATE 7/29/24 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.

Julia Baker
Employee Signature

S Rue RN
Nurse Signature

Employee Training for Use of EpiPen

EMPLOYEE NAME Christina Smoot

DATE 7/29/24 LENGTH OF TRAINING 15m

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 Mao Thao

DATE 7/29/24 LENGTH OF TRAINING 15min

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

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Laura Kinney DATE 7/29/24

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.

Staff Signature

Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Mao Thao DATE 7/29/24

LENGTH OF TRAINING 2 hr

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 Elena Zadow DATE 07/29/2024

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
☑	☐	☐	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 Isabel COX DATE 7/29/24

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 Julia Baker DATE 7/29/24

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.

Julia Baker

Staff Signature

S Rice RN

Nurse Signature

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Kristina Smoot DATE 7/29/24

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 Alexis Constantine DATE 7/29/24

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 Leah Climer DATE 7/29/24

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.

Leah Climer Dee RN

Staff Signature **Nurse Signature**