

HOME HEALTH AIDE TRAINING RENEWAL

The purpose of this training renewal is to give new and up-to-date information to each of our Home Health Aides in order to increase staff proficiency and clearly communicate current agency standards. By signing each box below, you are agreeing that you have received the material, have read the material, understand the material and feel capable implementing the material. Should any of the information contained in this training be unclear at any point in time, you are agreeing to contact your supervisor and/or the Training Department immediately to seek clarification.

Printed Name: _____ Date: _____

TRAINING:	DATE:	SIGNATURE:
Emergency Preparedness		
Infection Control		
Skin Integrity		
Communication Skills		
Deaf & Hard of Hearing		
<i>All of the trainings listed above were administered by the Training Director, Megan Gooden.</i>		

Training Director Signature: _____