

# ADVANCED HEALTHCARE PROFESSIONALS, INC.

## ANNUAL TRAINING

To provide an ongoing inservices / continuing education programs which are appropriate to job responsibilities and to the maintenance of necessary skills.

I, \_\_\_\_\_ have attended training in regards to:  
(employee name)

- Infection Control
- Blood Pathogen, Airborne Pathogen HIV and HBV
- Risk Management/ Safety in the Home Care Environment
- Advance Directives
- Chemicals in the Workplace
- Abuse, Neglect, and Exploitation
- HIPAA (Confidentiality Agreement)
- Emergency Preparedness
- Bill of Rights/ Rights of the Elderly

I acknowledged that I have read, received, and understood all of the above inservices/training program and will comply with Advanced Healthcare Professionals, Inc. Policy.

 SIGN HERE

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
AHC Representative

Date: \_\_\_\_\_