



*"Quality Care is Our Promise"*

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## ANNUAL MANDATORY TRAINING ACKNOWLEDGEMENT/AGREEMENT

I, \_\_\_\_\_, understand that by signing this Acknowledgement/Agreement, that at the time of my Employment Orientation, and, also, on an annual basis, agree to read and adhere to the **Elder Abuse and Neglect Exploitation, Documentation, Confidentiality, Infection Control, Critical Incident Management, Provider Quality Management Plan, LHCS Policy & Procedure, Complaint Resolution, Reporting Critical Incidents and Timesheets/Journals** training information. Failure to complete the same could result in my disciplinary actions/termination of employment with Lowenhill Home Care Services.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date