



KES HEALTHCARE ANNUAL/REQUIRED TRAINING TIME ACKNOWLEDGEMENT

Employee Instructions: Send this fully-completed acknowledgement via fax or e-mail to the local Kelly office.

- I acknowledge that I must complete my annual HIPAA and Infection Control Training. The actual training that I am required to complete will be specified for me when I access prophecyhealth.com; however, if I have any questions, I will contact my Kelly representative before taking the required training.
- **Direct Patient Care Training** – Training is estimated to take me 30 minutes or less, and I will be paid to cover my time.

AFTER completion of the training(s), I will need to complete the below steps in consecutive order. I will:

1. Complete the time table below with the date, start time, end time, and total hours for the training;

Date	Start Time	End Time	Total Hours

2. Sign and submit this completed acknowledgement form to the local Kelly office via e-mail or fax;
3. If it takes me longer than the above time estimated to complete my required training, I agree to enter all time in the time table above.

I have read this acknowledgment, I understand it, and I agree to its terms.

Employee Name (Printed)

Date

Employee Signature