

2011 Mandatory Program Attestation/Acknowledgement Form

I hereby acknowledge that I have read and understood the contents in this packet as follows:

Service Excellence, Environment of Care, Life Safety, Emergency Management, Infection Prevention & Control, Cultural Diversity, Limited English Proficiency, The Patients' /Residents' Bill of Rights, and Quality Management

Print Name: _____

School: _____

Date Completed: _____

Signature: _____

Please return this page to your instructor- retain a copy for your files.