



By signing, I acknowledge that:

I have been trained/retrained and am knowledgeable of the information presented. This training covered the following policies and/or procedures:

Please check all trainings that apply

- | | |
|--|--|
| <input type="checkbox"/> HIPAA | <input type="checkbox"/> Code of Business Conduct |
| <input type="checkbox"/> Abuse, Neglect and Exploitation Reporting | <input type="checkbox"/> Compliance Program |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> CMS NEMT Overview |
| <input type="checkbox"/> Fraud, Waste and Abuse | <input type="checkbox"/> Critical Incident Reporting / First Transit Responding to
Emergency Situations |
| <input type="checkbox"/> Bloodborne Pathogens | |

ATTESTATION

Name: _____

Company Name: _____

Position: _____

Signature: _____

Date: _____