



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

- HIPAA
- Healthcare Compliance
- Fraud, Waste and Abuse
- Code of Business Conduct
- Cultural Competency
- Abuse, Neglect and Exploitation Reporting-Illinois
- Critical Incidents-Responding to Emergency Situations

ATTESTATION

Name: _____

Company Name: _____

Position: _____

Signature: _____

Date: _____