

# Training Attestation

The following training is required to be completed by **all** Provider staff including owners, dispatchers, drivers, and attendants. Failure to complete this training will result in removal from service.

| Training  | Date Completed |
|---|----------------|
| HIPAA Policy  |                |
| HIPAA Policy Training Video (20 Minutes)                |                |
| Healthcare Compliance Policy                            |                |
| Healthcare Compliance Training Video (11 Minutes)       |                |
| Code of Business Conduct                                |                |
| Cultural Competency                                     |                |
| Abuse, Neglect and Exploitation Reporting               |                |
| Critical Incidents – Responding to Emergency Situations |                |

By signing, I attest that I have completed all trainings and policies listed above and can demonstrate a thorough understanding of the material. I attest that I have acquired the skills and knowledge outlined in the trainings and will comply with all the standards and requirements set forth.

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Date: \_\_\_\_\_