

Training Attestation

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 (check all that apply) :

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

ATTESTATION

Name: _____ Company Name: _____
Signature: _____ Position/Title: _____
Date: _____