Medical Staff Education Packet
Attestation Statement

Please sign, date and return this form to Medical Staff Administration to be included in your credentials file.

My electronic signature indicates that I have received and reviewed the information provided below as part of my responsibility as a member of the Medical Staff:

- RESPONDING TO INCIDENTS IN THE CARE ENVIRONMENT
- ROLE IN EMERGENCY MANAGEMENT
- INFECTION CONTROL & HAND HYGIENE
- MULTI-DRUG RESISTANT ORGANISMS
- PREVENTING CENTRAL LINE INFECTIONS
- PREVENTING SURGICAL SITE INFECTIONS
- PREVENTING CATHETER ASSOCIATED URINARY TRACT INFECTIONS
- INFLUENZA VACCINATION PROGRAM
- USE OF RESTRAINT OR SECLUSION
- PAIN MANAGEMENT
- PHYSICIAN IMPAIRMENT
- ANTICOAGULANT THERAPY
- DOWNTIME PROCEDURE FOR ELECTRONIC DOCUMENTATION
- MEDICAL RECORD DOCUMENTATION
- ANTIBIOTIC STEWARDSHIP PROGRAM
- CLINICAL ALARM SAFETY
- REPORTING A QUALITY OF CARE CONCERN TO THE JOINT COMMISSION

_____ _____

Signature Date

_____

Print Name

Submit