



Each person who viewed a video training is to either complete a form or be indicated on the form if viewed as a group.

I attest to partaking in education regarding DSRIP material

PLEASE PRINT

1. YOUR NAME:

2. Names of Others at the practice who viewed video:

3. YOUR EMPLOYER / PRACTICE:

4. Type of program (please checkmark):

In-person presentation _____ Webinar _____

5. Would you recommend the program (please checkmark)?

Yes _____ No _____

6. Name of educational program attended:

7. Date of education:

8. Time:

Please email the attestation form to Joshua Russell at: jrussell@r-ahec.org OR

Fax to (585) 786-6280, Attn: Josh Russell