



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 cultural competency and health literacy**

**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:**

\_\_\_\_\_

**OFFICE CC/HL CHAMPION (if office designates) to sustain training:**

\_\_\_\_\_

Please email the attestation form to: [ppodkuls@chsbuffalo.org](mailto:ppodkuls@chsbuffalo.org) OR

**Fax to 716-886-0704, Attn: Patti Podkulski**