



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: lmoore1@chsbuffalo.org OR

Fax to 716-886-0704, Attn: Lauren Moore