



## ATTESTATION FORM

In accordance with Medical Direction and the Pre-hospital Coordinator office, I the undersigned hereby attest that I have completed the 2014 Annual Guideline training and Sepsis Alert Video. I further attest that I understand and am responsible for the contents therein.

AGENCY: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

INSTRUCTOR/COORDINATOR:

\_\_\_\_\_