

EMERGENCY PREPAREDNESS & RESPONSE COURSE FOR CLINCIAN'S ATTESTATION STATEMENT

ATTESTATION STATEMENT (you must complete and sign to receive a certificate)

I attest that I have participated as noted below:																												
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													c	NE co	ontac	t hou	ırs (F	RNs o	nly)									
																			ical A		istrat	ors (A	AMA)				
													C	ertific	cate o	of Att	enda	nce (4// oth	ners)								
Total: (Max: 8.75 for CME and 8.58 for CNE/AAMA)																												
Please	e sig	n yo	ur na	ame l	here	<i>:</i>																						
PARTICIPANT INFORMATION																												
	CERTIFICATE INFORMATION – PLEASE PRINT LEGIBLY																											
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Mailing Address