



Please complete, sign/date and return this form to:
 Samaritan Medical Center
 Attn: Medical Staff Services Office
 Fax: (315) 786-4824 or Email:
 adoldo@shsny.com

EDUCATION PROGRAM 2018 Attestation

I have received and reviewed the Samaritan Medical Center 2018 EDUCATION PROGRAM, which covers the following:

- | | |
|--|--|
| 1) Back Safety | 18) National Patient Safety Goals for Infection Control |
| 2) Corporate Compliance | 19) OSHA Bloodborne Pathogen Standard |
| 3) Corrections and Amendments to the Medical Record | 20) OSHA Update |
| 4) Cultural Diversity | 21) Overview on Assessment and Management of Pain |
| 5) Domestic Violence | 22) Patient Financial Assistance Program |
| 6) Emergency Procedures | 23) Patient Rights |
| 7) Employee Health Services | 24) Patient Safety |
| 8) EMTALA | 25) Performance Improvement |
| 9) Event Reporting in RL Solutions | 26) Protection of People with Special Needs from Abuse, Neglect & Significant Harm |
| 10) Fall Prevention Program | 27) Restraint Orders/Documentation |
| 11) Fire Safety | 28) SMC Verification & Confidentiality / Non-Disclosure Agreement |
| 12) Harassment Training | 29) Strategic Plan |
| 13) Healthcare Proxy | 30) The Joint Commission |
| 14) HIPAA | 31) Workplace Violence Prevention for Healthcare |
| 15) HIV Confidentiality | 32) Run Hide Fight – Active Shooter |
| 16) Identifying & Reporting Suspected Child Abuse & Maltreatment | |
| 17) Latex Allergies | |

Signature

Print Name

Date

DEMOGRAPHIC INFORMATION UPDATE

(please complete)

Office Address: _____ Office Phone #: _____

_____ Office Fax #: _____

Preferred Email Address: _____

Cell Phone #: _____ Answering Service: _____ When on call, notify how? _____

Office Manager: _____ Office Manager Phone #: _____

Office Manager Email: _____

Home Address: _____ Home Phone #: _____
