Samaritan Medical Center

Please complete, sign/date and return this form to:
Samaritan Medical Center
Attn: Medical Staff Services Office
Fax: (315) 786-4915 or Email:
adoldo@shsny.com or bfarris@shsny.com

EDUCATION PROGRAM 2020
Attestation

I have received and reviewed the Samaritan Medical Center 2020 EDUCATION PROGRAM, which covers the following:

1) Active Shooter
2) Antimicrobial Stewardship
3) Assessment and Management of Pain
4) Blood Borne Pathogen Exposure
5) Child Abuse / Maltreatment
6) Code of Conduct
7) Corporate Compliance
8) Corrections & Amendments to the MR
9) Cultural Diversity
10) Cyber Security (Phishing Emails)
11) Domestic Violence
12) Emergency Procedures / Preparedness
13) Employee Health Services
14) EMTALA
15) Event Reporting
16) Fall Prevention
17) Fire Safety
18) Healthcare Proxy
19) HIPPA
20) HIV Confidentiality
21) Information System Security
22) Justice Center
23) Latex Allergies
24) Mandatory Education
25) Medical Record Documentation
26) National Patient Safety Goals for Infection Control
27) Patient Financial Assistance
28) Patient Rights
29) Patient Safety / Joint Commission
30) Psychiatric Advance Directives
31) Restraint & Seclusion
32) Samaritan Values and Behaviors
33) Sexual Harassment Prevention
34) Universal Protocol
35) Workplace Harassment Prevention
36) Workplace Violence Prevention

_____ _____ _____
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 #: _____

_____