



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

EDUCATION PROGRAM 2021 Attestation

I have received and reviewed the Samaritan Medical Center 2021 EDUCATION PROGRAM, which covers the following:

- | | |
|---|---|
| 1) Active Shooter | 21) HIPPA |
| 2) Alvimopen Medication Guide | 22) HIV Confidentiality |
| 3) Antimicrobial Stewardship | 23) Information System Security |
| 4) Assessment and Management of Pain | 24) Justice Center |
| 5) Blood Borne Pathogen Exposure | 25) Latex Allergies |
| 6) Child Abuse / Maltreatment | 26) Mandatory Education |
| 7) Code of Conduct | 27) Medical Record Documentation |
| 8) Corporate Compliance | 28) National Patient Safety Goals for Infection Control |
| 9) Corrections & Amendments to the MR | 29) Patient Financial Assistance |
| 10) COVID-19 | 30) Patient Rights |
| 11) Cultural Diversity | 31) Patient Safety / Joint Commission |
| 12) Cyber Security (Phishing Emails) | 32) Psychiatric Advance Directives |
| 13) Domestic Violence | 33) REMS – Medication Risk Evaluation Policy |
| 14) Emergency Procedures / Preparedness | 34) Restraint & Seclusion |
| 15) Employee Health Services | 35) Samaritan Values and Behaviors |
| 16) EMTALA | 36) Sexual Harassment Prevention |
| 17) Event Reporting | 37) Universal Protocol |
| 18) Fall Prevention | 38) Workplace Harassment Prevention |
| 19) Fire Safety | 39) Workplace Violence Prevention |
| 20) Healthcare Proxy | |

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 #: _____
