



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
tmarino@shsny.com

EDUCATION PROGRAM 2023 Attestation

I have received and reviewed the Samaritan Medical Center 2023 EDUCATION PROGRAM, which covers the following:

- | | |
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| <ol style="list-style-type: none"> 1) Active Shooter 2) Alvimopen Medication Guide 3) Antimicrobial Stewardship 4) Assessment and Management of Pain 5) Blood Borne Pathogen Exposure 6) Child Abuse / Maltreatment 7) Code of Conduct 8) Corporate Compliance 9) Corrections & Amendments to the MR 10) COVID-19 11) Cultural Diversity 12) Cyber Security (Phishing Emails) 13) Domestic Violence 14) Emergency Procedures / Preparedness 15) Employee Health Services 16) EMTALA 17) Event Reporting 18) Fall Prevention 19) Fire Safety | <ol style="list-style-type: none"> 20) Healthcare Proxy 21) HIPPA 22) HIV Confidentiality 23) Information System Security 24) Justice Center 25) Latex Allergies 26) Mandatory Education 27) Medical Record Documentation 28) National Patient Safety Goals for Infection Control 29) Patient Financial Assistance 30) Patient Rights 31) Patient Safety / Joint Commission 32) Psychiatric Advance Directives 33) REMS – Medication Risk Evaluation Policy 34) Restraint & Seclusion 35) Samaritan Values and Behaviors 36) Sexual Harassment Prevention 37) Universal Protocol 38) Workplace Harassment Prevention 39) Workplace Violence Prevention |
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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 #: _____