



EMPLOYEE ACKNOWLEDGEMENT

I acknowledge that I have received and reviewed the following materials and understand their contents. I further acknowledge that I have completed all training modules.

4th QUARTER 2016

1. HIPAA: Protecting Your Clients
2. Blood Pressure: Physiology and Effects
3. The Client with Dementia - Safety and Support
Part 1: Causes and Treatment of Dementia

Employee Name: _____

Employee Signature: _____

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