**2021 Quarter 1 Compliance:**

**All**

* HIPAA Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical ONLY**

* Safer Sharps Modules 1-5 Date Completed \_\_\_\_\_\_\_\_\_\_\_\_\_

**I have read the above required compliance.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_