



## Complete and Return to Your Clinical Manager By May 31<sup>st</sup> 2006

### **Statement of Completion**

Print Your Name: \_\_\_\_\_ Your Birth Month: \_\_\_\_\_

Print Your Title: \_\_\_\_\_

Employee ID#: \_\_\_\_\_ Department Name: \_\_\_\_\_

#### Statement of Compliance

- I have read and understand the Observation Charges Tutorial.
- I have completed the quiz, answering all questions correctly.
- I took this quiz while already clocked in at work.
- I took this quiz from home and here is my time log to add for payroll:

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Total minutes to complete: \_\_\_\_\_ minutes.

**Check one**

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

**ATTENTION CLINICAL MANAGER,**  
PLEASE MAKE SURE YOUR STAFF HAVE TAKEN EITHER THE  
CLASSROOM TRAINING FOR HUC ROLE, CLASSROOM  
TRAINING FOR CLINICAL EDUCATOR ROLE OR THIS TUTORIAL  
(SUGGESTED FOR NURSES), AS YOU SEE APPROPRIATE.