



TB Training

Self-Study Attestation

By signing below I attest that I have completed the on line TB Training.

Print Name _____

Signature _____

Date _____

Lessons 1-2 (Lab, Radiology/Reception, et. al) _____

Lessons 1-3 (Medical Assistant Staff) _____

Lessons 1-6 (RN/LPN and Practitioner) _____

**Please send this form to Human Resources