



**NLCMHA COMPLIANCE / HIPAA / PRIVACY / CONFIDENTIALITY**

**PROVIDER:** \_\_\_\_\_

**DATE OF TRAINING:** \_\_\_\_\_

<b>PRINTED STAFF NAME</b>	<b>TITLE / POSITION</b>	<b>SIGNATURE</b>

**I attest that the above staff have been presented with the materials and training on the subject listed above. I administered the information and further attest that staff are competent in the training topic.**

\_\_\_\_\_  
**Printed Name:**

**Title / Position:**

\_\_\_\_\_  
**Date**