
PROVIDER BULLETIN(fax: 818-265-0801)

2016-2017 Critical Incident Awareness Training

All providers and staff are required to watch for and report incidents of abuse and neglect, collectively called critical incidents.

Please go to www.preferredipa.com, PROVIDER SERVICES → C R I T I C A L I N C I D E N T A W A R E N E S S to complete the training.

At the completion of your initial or annual training, please put an “X” in the blank and sign the attestation below. Fax to 818-265-0801 Attention: Liza Johnson

If you have any questions, please contact Liza Johnson at 818-265-0800, x232 or by email at ljohnson@preferredipa.com

CRITICAL INCIDENT AWARENESS TRAINING INDIVIDUAL ATTESTATION

____ (Place X) I have completed the Preferred IPA of California Annual Critical Incident Awareness training.

- I understand that I am responsible for reporting critical incidents that come to my attention.

IPA/Medical Group Name: Preferred IPA of California

Date: _____ Print Name: _____

Signature: _____

Office Name: _____ Phone: _____

Fax to 818-265-0801 Attention: Liza Johnson.