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*PROVIDER BULLETIN*(fax: 818-265-0801)

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2018-2019 Critical Incident Awareness Training

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

If you have already completed the training this year, there is no need to fax the attestation form back. If you would like to receive a critical incident training slideshow, please send a request to: [ljohnson@preferredipa.com](mailto:ljohnson@preferredipa.com)

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.

**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: \_\_\_\_\_ Tax ID: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

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