
PROVIDER BULLETIN(fax: 818-265-0801)

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

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.