



I have reviewed the annual educational materials pertinent to Capital Regional Medical Center and am familiar with the hospital's Emergency Codes and agree to comply with the hospital's Code of Conduct, Federal HIPAA regulations, Flu Vaccine requirements, Hand Hygiene Policy, and other hospital policies related to Allied Health Professionals.

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Printed Name

Date

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Signature

Email or fax signed and dated attestation to:

[cathy.stano@hcahealthcare.com](mailto:cathy.stano@hcahealthcare.com)

Fax Number: 850-325-7122