

2020-2021
Receipt of Policies/Training/Handbook
Bird In The Hand Staffing

I acknowledge receipt of the following:

Abuse and Neglect

Falls/Changes in Condition

Handwashing

HIPPA

Please sign on line next to each item and return to
Bird In The Hand Staffing

Date of Training_____

Print_____ Signature_____

Provider Robin Simpson RN /Signature *Robin Simpson*

