



DELAWARE HEALTH AND SOCIAL SERVICES

Signature Attestation

In Accordance with Governor John Carney's Eleventh Modification: State of Emergency Declaration:

I attest that all staff in this facility has completed the following training, as required by the Public Health Authority.

- **DPH COVID Training Power Point Presentation**

I attest that the facility's medical director has completed the following trainings, as required by the Public Health Authority.

- **DPH COVID Training Power Point Presentation**
- **DPH Medical Directors Training**

Evidence of staff training will be available upon request

Facility Name: _____

Signature of Administrator: _____

Printed Name: _____ Date: _____

Signature of Staff Development Coordinator: _____

Printed Name: _____ Date: _____

Signature of Medical Director: _____

Printed Name: _____ Date: _____