



IHA Mid-Year In-Service Training Attestation Form

This form serves as confirmation that the individual named below has completed the IHA Mid-Year In-Service Training. Please fill out all fields and sign below to attest to your participation.

Participant Name: _____

Job Title: _____

Clinic Name: _____

Date of Training: _____

I hereby attest that I have completed the IHA Mid-Year In-Service Training and understand the requirements and responsibilities that were outlined.

Signature: _____

Date Signed: _____