**Student Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This student has successfully completed the following required tasks via the AMP system.

I have reviewed the documents and can confirm that they are complete and in order.

* Certiphi Background Check
* LabCorp Drug Screen
* Health Policy Attestations
* CITI Training
* Confidentiality / HIPAA Policy Sign-Off
* Substance Use Policy Sign-Off
* Disruptive Behavior Policy Sign-Off
* Should I Work Today Flyer
* Felony Attestation
* DH Faculty Research Sponsor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* BLS/CPR certification (if applicable)

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_