



**KAISER
PERMANENTE®**

Kaiser Panorama City Infection Prevention Student Module

Print this form - sign & date. Submit copy to Academic Liaison.

I acknowledge that I have read Kaiser Panorama City Infection Prevention Student Module. I understand that I am accountable for the information presented in this training module as it applies to students in the Ambulatory setting.

Print Name: _____

Sign Name: _____

Date: _____

SCPMG Professional Education

