

**Baqsimi Training
Attestation Statement**

Campus: _____

Name: _____

Please initial next to each statement:

_____ I attest that I viewed all training materials related to this medication.

_____ I attest that I have completed the UDCA Training.

_____ I attest that I will contact the campus nurse to arrange a time to go over doctor orders, the Knowledge Check, and hands on practice.

_____ I know that if I have questions, need more information, or need additional hands on practice, I can contact the campus nurse.

Signature: _____

Date: _____