

I/We,

\_\_\_\_\_  
Provider Name(s) and Title(s)

\_\_\_\_\_  
Provider Name(s) and Title(s)

acknowledge that I/we have read and agree to adopt policy numbers

# \_\_\_\_\_ (ex. #1-32) from this manual

for site \_\_\_\_\_  
Clinic Name

effective \_\_\_\_\_.  
Date

Revised Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Revised Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Revised Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Revised Date: \_\_\_\_\_ Signature: \_\_\_\_\_