



**Northern Nevada Public Health
Current HIPAA Training - Acknowledgement**

I, _____, am a currently licensed and practicing medical professional (e.g., MD, RN) and hereby attest that I have successfully completed a Health and Human Services compliant HIPAA training within the last 12 months. I understand that I may be asked to provide proof of said HIPAA training to Northern Nevada Public Health to fulfill the requirements of an activated MRC volunteer.

Signature

Name (PRINT)

Title (Medical Profession)

Place of Employment

Date