

# CIMplicity Nurse Support Home Health Training Acknowledgement Form



Educate. Empower. Repeat.

<b>Course/Procedure Title:</b> CIMplicity Nurse Support Home Health Training	
<b>Completion Date:</b>	<b>Training Duration:</b> 3 hours
<b>This Training Consists of Six Mandatory Modules:</b> 1. Product Demo Videos (PFS and Lyo), 2. CIMplicity Nurse Support Home Health Process Overview (USP-CZ0218- 0087), 3. PI Training, 4. UCB Compliance, 5. AEPQC Form Training and 6. Safety Reporting Obligations (PRN-000523 V3.0)	
<b>Home Health Agency Name:</b>	<b>Home Health Agency Location:</b>

**Instructor(s):**

BioUniversity E-Learning

Instructor Name

Home Health Representative Name

*Laura P Helms RN BSN*  
Home Health Representative Signature/Date

Print Trainee Name	Trainee Signature	Trainee Phone Number	Date
1.			
2.			
3.			
4.			
5.			
6.			

- By the signing of this form, I acknowledge that I have completed the training(s) listed above and understand the relevance and importance of my activities from a regulatory compliance perspective.
- My signature indicates understanding of material presented and ability to perform tasks associated with the training at the level necessary for my specific job responsibilities.

**Please send this form to VMS BioMarketing via eFax or fax to 1-877-301-8303 upon completion of training. This signed form is record of training in the courses listed above and is maintained as documented evidence of completed training. This form must be completed and returned to VMS BioMarketing for every nurse trained. VMS BioMarketing will not schedule patient home health visits with nurses who do not have this signed Training Acknowledgment on file.**