



UNIVERSITY of
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MEDICAL CENTER

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Pain Assessment/Management Self-Learning Module Attestation

I have read the on-line self-learning module on “Pain Assessment and Management” and (choose one):

_____ have read it

_____ commit myself to reading it

PRINT NAME:	
TRAINING PROGRAM NAME:	
SIGNATURE:	
Date:	

Please return to:

Graduate Medical Education Office
University of Rochester Medical Center
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