

**Strong Memorial Hospital
Pain Assessment/Management Self-Learning Module
Attestation**

I have received the self-learning module on "Pain Assessment and Management" and
(choose one):

_____ have read it.

_____ commit myself to reading it.

Name (print):	
Training Program Name:	
Signature:	
Date:	

Please return to:

Department of Radiology, Box 648
University of Rochester Medical Center
Strong Memorial Hospital
601 Elmwood Avenue
Rochester, NY 14642-8648