



UNIVERSITY of  
**ROCHESTER**  
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  
Strong Memorial Hospital  
Box 601G, Suite G-7654  
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