Strong Memorial Hospital/Children's Hospital at Strong
Pain Assessment/Management Self-Learning Module
<u>Attestation</u>

I have received the self-learning module on "Pain Assessment and Management" and

(check one):

    ____   have read it.

    ____   commit myself to reading it.

Name (print): _____

Department/Division: _____

Status: ____ medical staff   ____ fellow   ____ resident

Signature: _____

Date: _____

Thank you !

c/painattestslm