



Submit Completed form to:

Office of Clinical Affairs/CVO
 Fax: (505) 272-6055
 Email: HSC-UNMHS_CVO@salud.unm.edu

UNM COMPETENCIES ATTESTATION

COMPLETED AT THE TIME OF CREDENTIALING INITIAL REAPPOINTMENT

PROVIDER NAME: _____ DEPARTMENT/ENTITY: _____

To the best of my knowledge, the above mentioned provider has completed, or is scheduled to complete, the following UNM Health System Provider requirements:

		Date Completed	Date Scheduled	N/A	Unable to determine	Comments
1.	Employee Occupational Health Screening (initial only)			<input type="checkbox"/>		
2.	N-95 Fit Testing			<input type="checkbox"/>		
3.	Learning Central training: <ul style="list-style-type: none"> Bloodborne Pathogen Training for HSC Infection Prevention and Control Best Practice 			<input type="checkbox"/>		
4.	Learning Central training: <ul style="list-style-type: none"> HIPAA & HITECH Training for HSC 			<input type="checkbox"/>		
5.	Learning Central training: <ul style="list-style-type: none"> UNM/HSC Compliance Training for HSC 			<input type="checkbox"/>		

 Signed
 Credentialing/Enrollment Liaison

 Print Name

 Date