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)			☐		
2.	N-95 Fit Testing			☐		
3.	Learning Central training: • Bloodborne Pathogen Training for HSC • Infection Prevention and Control Best Practice			☐		
4.	Learning Central training: • HIPAA & HITECH Training for HSC			☐		
5.	Learning Central training: • UNM/HSC Compliance Training for HSC			☐		
6.	Point of Care Testing Form (CLIA) Completed and sent to UHPOCTBox@tricore.org			☐		

_____ _____ _____

Signed Print Name Date

Credentialing/Enrollment Liaison