

**Occupational Therapy Department
Certificate of Training
HIPAA, Infection Control and Mandated Reporting**

Name (Last, First, Initial): _____

Student ID: _____

Semester Admitted to Program: _____

Liability Insurance: Provided by CSU – Lloyd’s of London (certificate of insurance provided upon request)

Training Modules (completed in OCTH 276 course during first year of academic program):

HIPAA: _____
Training Date OCTH 276 Instructor Signature

Infection Control: _____
Training Date OCTH 276 Instructor Signature

Mandated Reporting: _____
Training Date OCTH 276 Instructor Signature