



From: NUR 1009 Student/Instructor

To: PPSC Nursing Clinical Coordinator

Subject: NUR 1009 COVID 19 Training Course Attestation

1. I certify I have reviewed the below Nursing Home Infection Preventionist Training Courses.
 - a) Clean Hands Combat COVID 19: <https://www.youtube.com/watch?v=xmYMUly7qiE>
 - b) Closely Monitor Residents for COVID 19: <https://www.youtube.com/watch?v=1ZbT1Njv6xA>
 - c) Use Personal Protective Equipment (PPE) correctly for COVID 19: <https://www.youtube.com/watch?v=YYTATw9yav4>
2. Students understand if they have any questions on the material or COVID 19, they will immediately notify their clinical instructor.

Printed Student/Instructor Name

Student/Instructor Signature

Date