



CDC COVID-19 Module Certification

From: PPSC NUA Student/Instructor

To: PPSC Clinical Coordinator

Subject: PPSC NUA 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. Any questions will be Students understand that if they have any questions on the material, they will immediately notify their clinical instructor.

Printed Student or Instructor Name

Student or Instructor Signature

Date