Adirondack Health Institute

2018 AHI PPS DSRIP Compliance Training Attendance List

Organization/PPS Partner: _____

Date of Training: _____ Time of Training: _____

Location: Webinar Instructor: Webinar Version

By signing this attendance sheet, I am attesting that I have completed the DSRIP Compliance Training and reviewed all 13 AHI PPS Policies. I understand that I am to abide by these policies and if I have any questions pertaining to the materials provided in the Webinar version, or in the policies themselves, I am to contact the AHI Compliance Department or my Compliance Department within 15 days of the training end date.

Print Name	Title	Signature

Adirondack Health Institute

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