**ATTESTATION THAT 09/01/\_\_\_\_\_\_ DEADLINE FOR IHI TRAINING HAS BEEN FULFILLED**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Program Director of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm that all of my residents/fellows have provided me with evidence (transcripts, certificates, etc) that they have completed all courses listed below, on or before September 1, \_\_\_\_\_\_.

1. PS 101: Introduction to Patient Safety\_Student Version (3 lessons included in the course)
2. PS 102: From Error to Harm\_Student Version (3 lessons included in the course)
3. PS 103: Human Factors and Safety\_Student Version (3 lessons included in the course)
4. PS 104: Teamwork and Communication in a Culture of Safety\_Student Version (3 lessons included in the course)
5. QI 101: Introduction to Healthcare Improvement\_Student Version (3 lessons included in the course)
6. QI 102: How to Improve with the Model for Improvement\_Student Version (5 lessons included in the course)
7. QI 103 Testing and Measuring Changes with the PSDA Cycles\_Student Version (3 lessons included in the course)
8. QI 104: Interpreting Data, Run Charts, Control Charts and Other Measurement Tools\_Student Version (3 lessons included in the course)

Check the appropriate response:

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| **YES** | All of my residents/fellows have provided me with electronic or hard copy evidence they have completed these assignments and these are on file with the program. |
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| **NO** | All of my residents/fellows have NOT provided me with evidence they have completed these assignments. |
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| Corrective  Action to be Taken by PD: |  |
| Date that compliance will be achieved. |  |

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| Signature of Program Director | Date: |
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