



KAISER PERMANENTE®

Downey Medical Center

Education Attestation

I, _____ [print name], attest that I have reviewed the following video on CareFusion Alaris IV Pump Module Training:

<https://www.youtube.com/watch?v=Fyth0syNTP4>

I understand the content as it pertains to my clinical rotation/preceptorship, role, and responsibilities. I will communicate with my preceptor, charge nurse, department manager, house supervisor, or clinical nurse educator for any assistance or clarifications to provide safe patient care.

Faculty/Student Information:

School Name: _____

Printed Name: _____

Sign Name: _____

Date: _____

NUID #: _____

Department Assigned: _____