



Training Attestation: Mandatory Reporting

Name: _____

This is a self-study module.

Mandated Reporter, by the Alaska Dept. of Health and Social Services,
Senior and Disability Services. (recorded webinar 13.5 minutes)

Link: <https://www.youtube.com/watch?v=AZCP9tZfGwk>

A signature below verifies that the signing employee has listened to the
mandated reporter training video above.

Signature: _____ Date: _____