POLICY AND PROCEDURE MANUAL

PROVIDER ACKNOWLEDGEMENT SIGNATURE PAGE

By signing below, I agree that the above checked policies and procedures have been adopted and implemented in my practice. I agree to revise and maintain copies of revisions as policies and procedures in my practice change. When changes are made, I will ensure proper staff training of such changes are shared with staff and documented via a staff in-service training sign in sheet conducted by myself or a designated site personnel such as an office manager or clinic supervisor.

Date	Name of Reviewing Physician(s)	Signature	Review Date	P&P Number(s) Revised – if none, indicate "none"