Provider Video Sign-off Sheet

Training Video Viewed | Date Viewed

Provider/Agency Name

Executive Director Name
(Principal of Entity)

*Executive Director Signature
(Principal of entity)

Signature or typewritten name is acceptable.

You will have the opportunity to ask questions relating to the content of the video at the Provider Orientation Training.

*Electronic signature: By signing this document, I guarantee this is my electronic signature.
I attest that the information provided is true. If any statements are willfully false, I realize I am subject to perjury/false statements.

Email this form to DDS.QPAPenrollment@ct.gov