Bassett Healthcare Network

Policy and Procedures Attestation Form

By signing this attestation form, you (or CMA Designee) confirm that you have read and reviewed the policies and procedures listed below. These policies and procedures are required on an ongoing basis as part of your partnership within the Bassett Community Health Navigation Network.

Please sign and return this form to the Quality Analyst Office at fax to 315-867-1341 or email a signed document to bpotter@bassett.org.

Supervisor Signature:_____ Print Name:_____

Date:_____ _____ CMA Name:_____

CMA Staff Signatures (List Below)

1.	7.	13.
2.	8.	14.
3.	9.	15.
4.	10.	16.
5.	11.	17.
6.	12.	18.