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Richard Whitley,
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Director



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MPH
Administrator

Ihsan Azzam,
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Chief Medical
Officer

Attestation of Safe Injection Training

In accordance with NRS Chapter 653, persons engaged in radiation therapy or radiologic imaging must attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

To complete your application, please read these instructions carefully. Failure to do so will result in delays to your application.

Step 1): Upload this completed, signed, and dated attestation into your account profile in the Centralized Licensing, Inspections, and Certification System (CLICS). **Do not email to individual in Step 2.**

Step 2): For access to the Safe Injection Training, click on this link:

<https://larson-unr.myabsorb.com/#/online-courses/2ff9a5cb-c739-4d91-84aa-bf3d923aa5f6>

Upon completion of the training, please email your certificate to Kimisha Causey at kcausey@health.nv.gov to receive an official copy for your records.

Applicant's First Name	Last Name	MI.	SSN or	APIN ¹
Street Address		City	State	Zip Code
Name of Employer				
Employer's Address		City	State	Zip Code
Phone Number	Fax Number	Personal Email Address		

¹ Required pursuant to NRS 622.238(3) and 653.550(1)(a): Social Security or Alternative Personally Identifying Number

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Name: _____ Title: _____
(Printed)

Signature: _____ Date: _____