

DEPARTMENT OF HEALTH AND HUMAN SERVICES Division of Public and Behavioral Health Helping people. It's who we are and what we do.



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.

- Upload this attestation into your account profile in the Centralized Licensing, Inspections and Certification System – CLICS.
- For access to the Safe Injection Training, please contact Kimisha Causey at kcausey@health.nv.gov, <u>if needed</u>.

Applicant's First Name	Last Name	MI.	SSN or	TIN: 1	
Street Address	City	State	Zip	Code	
Name of Employer					
Employer's Address	Cit	УУ	State	Zip Code	
Phone Number	Fax Number	Personal	Personal Email Address		
 ¹ Required pursuant to NRS 622.238(3) □ I attest to knowledge of Disease Control and Prevented infectious agents through 	of and compliance with ention concerning the p	the guidelines of prevention of trai	the Center	s for	
Name:		•			
Signature:		Date:			