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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).

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>

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: _____