

# Regulatory Agency Requirements

## Statement of Responsibility

By signing below, I acknowledge that:

I have read and understand that I am responsible for following the policies and procedures of Deaconess Hospital System with respect to the regulatory agency requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Name of Supervisor/Faculty

\_\_\_\_\_  
Name of Healthcare Program School

**\* Please make an additional copy of this page with your signature.**

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