



**ACKNOWLEDGMENT and ATTESTATION for PATIENT  
SAFETY CREDIT**

\*Attestation must be completed by the authorized course/program personnel (course coordinator/instructor).

ABAI will award patient safety credit for the successful completion of a patient safety course/program.

Name of physician: \_\_\_\_\_

ABAI#: \_\_\_\_\_

Name of course/program: \_\_\_\_\_

\_\_\_\_\_

Name of sponsoring organization: \_\_\_\_\_

\_\_\_\_\_

I hereby attest that the above named physician successfully completed the course/program on \_\_\_\_\_ *(Date should be in mm/dd/yy format)*

Print Name: \_\_\_\_\_  
*(Authorized Signatory)*

Signature: \_\_\_\_\_  
*(Authorized Signatory)*

Print Title: \_\_\_\_\_  
*(Authorized Signatory)*

Date: \_\_\_\_\_