



"Providing Quality Home Health Service for Northern Virginia"

Intranet In-service Minutes

Title of In-service Program: _____

Date: _____ Length of program: _____

Description _____

Topic _____ Date _____

"By my signature below, I certify that I have attended/viewed the above listed in-service session. I have been given an opportunity to submit or ask questions and have received clarification about the subject matter or policy/procedure involved. I understand how the materials presented apply to my work and agree to implement them to the best of my ability."

Attendees

Print Name & Title	Signature