

For questions please contact:

- **Beth Bond, R.N. Infection Prevention Coordinator**
Office B239 x3356
 - **Chris Coole, R.N. MDRO Coordinator**
Office B239 x3536
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I, _____, have read the
Infection Control Student/Trainee manual and understand that I may
contact the Infection Control Nurse if I have questions.

Student typed/printed name indicates legal signature

Date: _____