
PROVIDER BULLETIN (fax: 818-265-0801)

2015-2016 Critical Incident Awareness Training

All providers and staff are required to watch for and report incidents of abuse and neglect, collectively called critical incidents.

Please go to www.preferredipa.com, PROVIDER SERVICES → C R I T I C A L I N C I D E N T A W A R E N E S S to complete the training.

At the completion of your initial or annual training, sign the attestation below and fax to 818-265-0801 Attention: Critical Incident Training Attestation.

If you have any questions, please contact Provider Relations:

(818) 265-0800	Griselda Gudino x230	Maria Escamilla, x240
Eileena Zepeda x214	Sherman Yermian, x234	Cecilia Wong x227
Veronica Valencia x238	Kyle Liao x231	Bill Baugher x220

CRITICAL INCIDENT AWARENESS TRAINING INDIVIDUAL ATTESTATION

____ I have completed the Preferred IPA of California Annual Critical Incident Awareness training.

- I understand that I am responsible for reporting critical incidents that come to my attention.

IPA/Medical Group Name: Preferred IPA of California

Date: _____ Print Name: _____

Signature: _____

Office Name: _____ Phone: _____

Fax to 818-265-0801 Attention: Critical Incident Training Attestation.