

Skills Fair 2020

OR Transport Aide

Name _____

Date _____

Topic	Signature of Presenter
MRI SAFETY	CERTIFICATE OF COMPLETION HEALTHSTREAM
Donning and doffing PPE	CERTIFICATE OF COMPLETION HEALTHSTREAM
Fall Prevention	CERTIFICATE OF COMPLETION HEALTHSTREAM
Hand Hygiene	CERTIFICATE OF COMPLETION HEALTHSTREAM

You **do not** need to attend skills fair this year.

Please complete your assigned mandatory Healthstreams.

You do not need to print your certificates or this paper.

Thank you