

Skills Fair 2020

Respiratory Therapy

Name _____

Date _____

Topic	Signature of Presenter
Hand hygiene	CERTIFICATE OF COMPLETION HEALTHSTREAM
Donning and doffing PPE	CERTIFICATE OF COMPLETION HEALTHSTREAM
Restraints	
MRI Safety	CERTIFICATE OF COMPLETION HEALTHSTREAM
Fall Prevention	CERTIFICATE OF COMPLETION HEALTHSTREAM

Attestation: I have received the above skills education, had my questions answered and understand the training presented.

Signature _____

Date _____