

CERTIFICATE OF ANNUAL RIGHTS REFRESHER TRAINING - FY 23/24

MY SIGNATURE BELOW CERTIFIES THAT:

I attest that I have fully viewed and fully understand the information contained in the Recipient Rights Annual Refresher Training.

I am aware of how to reach the Office of Recipient Rights if I have any questions, at any time, regarding the rights of the people under my care.

I will comply by the laws protecting the people I serve and support.

YOUR PRINTED NAME & DATE OF COMPLETION

Print this page, sign, date, and keep for your records and the records of your employer as proof of completion.

**RIGHT'S IS EVERYBODY'S
BUSINESS!**

www.riverwoodcenter.org/rights