CERTIFICATE

CERTIFICATE OF ANNUAL RIGHTS REFRESHER TRAINING - FY 25/26

YOUR PRINTED NAME & DATE OF COMPLETION

My signature above 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.**

RIGHT'S IS EVERYBODY'S BUSINESS!

Riverwood Center

www.riverwoodcenter.org/rights