

CDC Training: Basic Expectations for Safe Care Certificate of Completion

Name: _____

Lic/Reg. #: _____

With my signature, I hereby certify that I completed the CDC modules as indicated below. This certificate should be maintained for 4 years after completion.

Each module qualifies for 1.0 hour continuing education credit and will meet the requirement for continuing education in the area infection control.

- Module 1: Introduction**
- Module 2: Hand Hygiene**
- Module 3: Personal Protective Equipment**
- Module 4: Respiratory Hygiene and Cough Etiquette**
- Module 5: Sharps Safety**
- Module 6: Safe Injection Practices**
- Module 7: Sterilization and Disinfection**
- Module 8: Environmental Infection Prevention and Control**
- Module 9: Dental Unit Water Quality**
- Module 10: Program Evaluation**

Signature: _____

Date of completion: _____