

## **Southern Tier Independence Center**

## Acknowledgment

I acknowledge that I have completed training on the 21<sup>st</sup> Century CURES Act Electronic Visit Verification requirements and as part of this training I have been provided access to NYS DOH's "EVV Program Guidelines and Requirements." I understand that I am responsible for being knowledgeable with this document.

Signature:	 	 
Name (Please Print): _		
Date:		