

**State of Alaska**  
**Department of Health & Social Services**  
**Division of Public Health**  
**Certification & Licensing**  
**Report of Abuse and Neglect of a Vulnerable Adult**  
**Training Statement (7 AAC 75.220)**

**\*\*\*\*\*DRAFT\*\*\*\*\***

1. Individual completing this form: \_\_\_\_\_

2. Name of the Assisted Living Home, if any, and owner/operator name:

\_\_\_\_\_

3. Physical address, of the Assisted Living Home:

\_\_\_\_\_

4. Name and phone number of person/organization that provided the training:

\_\_\_\_\_

\_\_\_\_\_

5. Date of training: \_\_\_\_\_

I, \_\_\_\_\_, attest that I attended the above training that covered laws relating to abuse and neglect of vulnerable adults, techniques for recognition and detection of the abuse and neglect of vulnerable adults, procedures for required notification of suspected abuse or neglect, the role of a person required to report abuse or neglect and the role of the agency after the report has been made, a brief description of the manner in which cases of abuse or neglect are investigated by the department, other state agencies, and law enforcement agencies after a report of abuse or neglect, and a safety plan that reduces the risk of abuse and neglect of residents of the facility. I further attest that I am aware of my responsibility to report abuse and neglect.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant