



ALLEGHENY VALLEY SCHOOL / NORTHWESTERN HUMAN SERVICES
INCIDENT MANAGEMENT
TRAINING MODULE SELF CERTIFICATION

Instructions: Complete the certification statement, sign and fill in your contract information.
Return the completed form using information below.

I, _____ (print your name) have read this module on
_____ (date) and fully understand the document. I will receive one credit hour for
reading this training module.

| | |
|----------------|--------|
| Your Signature | Date |
| Email | Phone# |

Return Completed Form to:

rdailey@kfamilysolutions.org
Or Fax: 610-527-8672

Questions Call:

877-384-1729
(ask for Training Services Coordinator)