



Elite Premier Nurses, LLC.

I, \_\_\_\_\_ have read, understand and have been trained on Elder Abuse and Neglect. I also understand that I am a mandated reporter of abuse and I acknowledge that I will take appropriate measures and follow policies and procedures to report all suspected abuse in any form including but not limited to:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Financial Abuse
- Neglect
- Abandonment

I acknowledge that I was given the opportunity to ask questions about the Abuse training information and that I fully understand the requirements, policies, and procedures.

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Signature

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DATE