

DRUG/ALCOHOL TREATMENT CENTER TRAINING ACKNOWLEDGMENT

NA REPRESENTATIVE INFORMATION

Name: _____

Organization Name: _____

Organization Address: _____

City: _____ State: _____ ZIP Code: _____

ACKNOWLEDGMENT

By signing this acknowledgment, I am attesting that I have complete the following:

Viewed and understand “Drug/Alcohol Treatment/Rehabilitation Center Training Video”

Received electronic copies of all related materials and forms

I understand that I am responsible for understanding and abiding by all policy and regulations outlined in this video as I serve as the designated NA Representative for my organization.

If I have questions about the training, materials presented or any of the policy or procedures, I understand it is my responsibility to seek clarification from the designated DES Representative.

Signature: _____ Date: _____

**Please email your completed form to faapolicymgmt@azdes.gov*

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