



Acknowledgment of CDCR - Healthcare Orientation Manual

Date: Date of Signature

From: Name
Street Address
City, State Zip Code

To: California Prison Health Care Services
Medical Service Division
Credentialing and Privileging Unit
P.O. Box 4038, Suite 315
Sacramento, CA 95812-4038

I hereby acknowledge the receipt of said California Department of Corrections and Rehabilitation Healthcare Orientation for Physician and Surgeons, Nurse Practitioners and Physician Assistants.

By signing below, this letter serves as confirmation that I have read and understand the expectations of healthcare services as outlined in the Orientation. Furthermore, I acknowledge that I cannot provide services without this orientation being completed.

Sincerely,

Signature