



COVID-19 Vaccination Program Training Attestation

Training Attestation

I acknowledge that I received training on the following topics related to COVID-19 vaccine. I agree to follow the guidelines outlined in the training. I understand that if I have any questions that were not addressed in training, I can contact covid19vaccine@alaska.gov or refer to additional resources at the [COVID-19 vaccination provider webpage](#).

By listing the dates each training is completed and my signature below, I attest that I have received training in each of the listed topics.

Training	Date Complete
CDC COVID-19 Vaccine Training Module	
CDC You Call the Shots: Understanding the Basics	
CDC You Call the Shots: Vaccine Storage and Handling	

Signature _____

Name (Please print) _____

Date _____

Facility PIN or Facility Name
(if PIN unknown) _____

If Applicable-Pharmacy Number _____

Please submit this signed form to covid19vaccine@alaska.gov.