

Direct Referral Annual Education Acknowledgement Form

Date Completed: _____

Contact Information:

Full Legal Name: _____

Permanent U.S. Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone Number: _____

Home Phone Number: _____

Email Address: _____

Local Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone Number: _____

Are you currently attending school? YES, School Name: _____ NO

 If YES, Please indicate your expected graduation month/year: _____

Were you a PREVIOUS UCLA Employee? YES, Department: _____ NO

Are you a CURRENT UCLA Employee? YES, Department: _____ NO

Volunteer ID Badge Information:

University ID# (9-Digit on the Front): _____

Badge Prox # (6-Digit on the Back): _____

By signing this form, I acknowledge that I have read and understood the Direct Referral Annual Education Training Information Packet for the current year and that the information I am providing is accurate and can be used to update my current Direct Referral Profile.

Name

Signature

Date

In order to complete your Annual Education Training requirement, please submit the following to CRV@mednet.ucla.edu:

- The completed and signed Annual Education Acknowledgement Form**
- A picture/photo of yourself (from the neck, up – no full body photos)**

You will receive 2 Bonus Service Hours for completing the Annual Education Training on time.

Please ensure you complete this training BEFORE the end of the month that it is due.