

## Maricopa County Correctional Health Services Orientation Verification for Suicide Prevention

I have reviewed CHS' Suicide Prevention Training Presentation (pdf file).

- I have reviewed CHS PowerPoint presentation covering Suicide Prevention Plan.
- I agree to comply with CHS Policies & Procedures related to Suicide Prevention.

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PRINTED NAME

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NAME OF REGISTRY

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SIGNATURE

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DATE

Please return this to:

CHS Staffing office  
Fax: (602) 442-0382