



*Creating a culture of health*

## **eLearning Affidavit**

Name: \_\_\_\_\_

Employee or Spouse: \_\_\_\_\_

HPN Video Viewed: \_\_\_\_\_

Date HPN Video Viewed: \_\_\_\_\_

Three things learned from the Video:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

I SWEAR OR AFFIRM THAT I VIEWED THE PRESENTATION.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature