

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
ACKNOWLEDGEMENT OF REVIEW OF STATE MANDATORY REPORTING
OF ABUSE, MOLESTATION, NEGLECT, EXPLOITATION, RAPE, INCEST
AND HUMAN TRAFFICKING FOR TITLE X EMPLOYEES**

I, _____, acknowledge receipt of Mandatory Reporting training. I understand my responsibility to cooperate with the department in complying with the purpose and intent of this protocol. This form should be retained in the employees personnel file.

Employee Signature

Date

County or State Work Unit