Attestation
Practical Experience as a Patient Safety Coach

Over the course of a 60-day period, I have interacted with patient care team members in a hospital setting and performed the functions of a Patient Safety Coach. In this capacity, I have applied the Knowledge, Skills, and Abilities (KSA's) related to being an effective Patient Safety Coach as described in the book *Five Disciplines for Zero Patient Harm* which serves as the Body of Knowledge for the PSCA Patient Safety Coach Certification Examination.

Name Date

Signature

Verification/Attestation

As_____of_____

I attest that the employee/staff member named above has in fact performed the duties associated with the role of a Patient Safety Coach with patient care teams in our hospital/healthcare system.

Name Date

Signature Title

Return completed Attestation to: **Patient Safety Coaches Academy**
P. O. Box 462
Lewes, DE 19958