

Mandated Reporter Acknowledgment

By signature below I acknowledge that I have received a copy of the Mandated Reporter Information and that as a Mandated Reporter I understand the requirements of Penal Code Sections 1233.5, 11165.7, 11165.9 and 11166 as outlined and am aware of my responsibility as mandated by law.

Name of Company	Facility License #
Print Employee Name	Hire Date
Signature of Employee	Dated
Social Security #	Position/Title