



PACE EDUCATION ACKNOWLEDGEMENT

Program Title: PACE Education	Presenter:
Name of Provider:	Date of Program:

Please review the PACE Education at the following link:

In signing my name to this document, I attest on behalf of my organization that:

- *All employees have been provided education and training regarding Immanuel Pathways and the PACE model*
- *All employees agree to abide by the philosophy, practices and protocols of Immanuel Pathways*

NAME of Authorized Representative <i>Please PRINT</i>	TITLE, DEPARTMENT <i>Please PRINT</i>	Signature	Date

- *Please send the signed form to PathwaysProviderSupport@Immanuel.com. Thank you!*