

## aCPAP Training Attestation

By my dated signature below, I verify that I have completed the Sleep SMART aCPAP Training via one of the following mechanisms (select one): □ I received training at the Sleep SMART Investigators Meeting and passed the aCPAP quiz with an 80% ☐ I have reviewed the aCPAP Investigator Meeting Slides and passed the aCPAP quiz with an 80% **PRINT NAMF: SIGNATURE:** DATE:

After completion, upload this form to WebDCU