



Virginia Department of Behavioral Health & Developmental Services

MRC Orientation Acknowledgement Form

I the undersigned, agree and affirm that I attended the DBHDS I/DD Mortality Review Committee (MRC) orientation/training within 30 days of my start date as a committee member. My signature below attests that I received orientation/training on the following:

- a. Orientation to the MRC charter to educate me on the scope, mission, vision, charge, and function of the MRC
- b. Review of the policies, processes, and procedures of the MRC
- c. Education on the role/responsibility of the member(s)
- d. Training on continuous quality improvement principles.

_____ (Printed Name)

_____ (Signature)

_____ (Date)