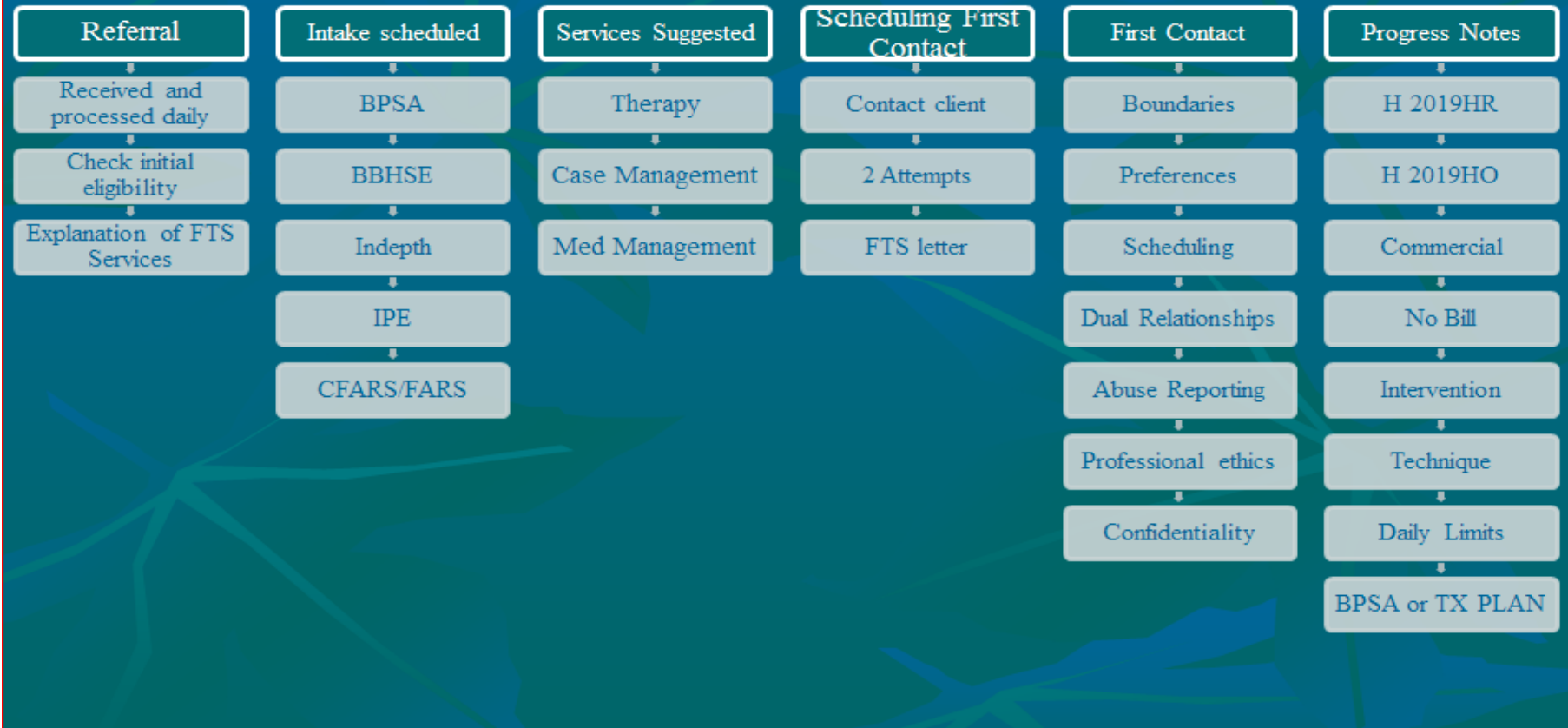


Client Continuum Module 1



I have attended the training for this module and acknowledge understanding concepts discussed.

Provider _____ Date _____

Please return to FTS Corporate office to insure reimbursement for attending training 850-215-6003 attn: QA