

## Reassignment of CQI Data Abstractor

### Attestation

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I hereby attest the CQI data abstractor named below will be temporarily reassigned to other duties necessary to our organization's response to the COVID-19 pandemic.

CQI name: \_\_\_\_\_

Data abstractor name(s): \_\_\_\_\_

Dates of abstractor reassignment:

Begin date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Anticipated end date (if known): \_\_\_\_/\_\_\_\_/\_\_\_\_

If there are changes to the above information, I will provide the CQI coordinating center with updated information in a timely manner.

Facility Name: \_\_\_\_\_

\_\_\_\_\_

Signature

Please print name

Date