***SENTINEL EVENT***

**2022 Annual Attestation Form**

Facility:

Address:

Telephone:

E-Mail:

**RE: Sentinel Event Annual Attestation Report**

The Rules Governing the Reporting of Sentinel Events, 10-144 CMR Chapter 114, at Section 2.4 states:

**2.4** **Annual** **Attestation.** By January 30th of each year, on a department approved form, each healthcare facility must send the SET a written attestation that contains an affirmative statement that it reported all sentinel events that occurred in the prior calendar year.

***“I affirm that our facility has reported all Sentinel Events for the year of 2022 to the Division of Licensing and Certification.”***

Administrator/CEO:

 (Please Print)

Signature:

Date: