



College of Medicine
Department of Pediatrics
North Central Early Steps

P.O. Box 100296
Gainesville, FL 32610
PH: 352-273-8555/1-800 334-1447
FAX: 352-294-8088

**UF College of Medicine Department of Pediatrics North Central Early Steps
Statement of Understanding of Part C Procedural Safeguards**

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_____ I certify that I have read the Procedural Safeguards

_____ I understand that the intent of the Procedural Safeguards is to protect the rights of the child
and his/her parents/guardians

_____ I agree to abide by the Procedural Safeguards

Signature

Date

Name (Printed or Typed)