



College of Medicine  
Department of Pediatrics  
North Central Early Steps

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

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**Statement of Understanding of Part C Procedural Safeguards**

\_\_\_\_\_ 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

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**Signature**

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**Date**

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**Name (Printed or Typed)**