

**CERTIFICATION OF NOTICE PROVIDED REGARDING OMBUDSMAN ACCESS
TO FACILITIES, RESIDENTS, AND RECORDS**

I hereby certify that I provided the "Notice to Long-Term Care Facilities Regarding Ombudsman Access to Facilities, Residents, and Records" (OSLTCO S600) to:

(Name and Title)

(Facility Name)

this _____ day of _____ 20_____.

(Signature of Certified Ombudsman)

Receipt acknowledged:

(Name)

(Title)