



This attestation form **MUST** be completed **annually** for all participants who have completed the Medicare FWA training and the Medicare Advantage D-SNP training. To complete training you may go to www.healthplan.org/compliance. Complete and sign below to attest completion of training. Training records must be maintained for at least 10 years.

Entity, Facility, Group or Vendor	
Type of Organization	
Completed By	
Title	
Address 1	
Address 2	
City, State	
Zip	
Phone #	
Email	
Provider NPI	
Tax ID#	

Attestation:

I am attesting to completing the above mentioned tests. I will train staff upon hire and annually thereafter.

- Physician
- Office Staff

Cultural Competency Completion Date:

D-SNP Training Completion Date:

* If you see THP D-SNP members, you **MUST** complete our training.

Please return this completed form to Provider Relations:

Email hpecs@healthplan.org

Fax 740-699-6169