



Substance Use Disorder (SUD) providers are responsible for completing, and providing training and education to their staff on, the ASAM® Level of Care criteria and the application of the ASAM® criteria in the assessment process. This attestation form MUST be completed for all providers who have completed the SUD training. To complete training you may go to www.asam.org/resources/the-asam-criteria/about. Complete and sign below to attest to 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 ASAM® Level of Care criteria training and education for myself and staff. New staff will be trained upon hire.

Provider Signature:

Clicking the above check-box constitutes my electronic signature

SUD Training Completion Date:

Please return this completed form to Provider Relations:

Email hpecs@healthplan.org

Fax 740.699.6169