



## Attestation for L.A. Care Health Plan Trainings

As a contracted entity with L.A. Care Health Plan you and your staff must participate in the New Provider Training as part of the onboarding process and when ad hoc trainings or updates are required. You must have all staff in attendance of a training complete the sign-in sheet clearly and then subsequently, the facilitator or Office Manager must attest here on this form that the staff listed on the sign-in sheet were actually in attendance for the entire presentation. Signing this attestation confirms that you and your staff have completed the required training. As part of L.A. Care Health Plan's oversight and monitoring activities, L.A. Care Health Plan will review sign-in sheets, attestations and any other corresponding materials to ensure they are complete, accurate, true, and meet any required deadlines.

**Please indicate which training has been completed by you and your staff.**

In Process

L.A. Care Health Plan New Provider Training ..... Date Completed: \_\_\_\_\_

Cal MediConnect Annual Training (Due: August 3, 2015)..... Date Completed: \_\_\_\_\_

Other (please print title)\_\_\_\_\_ Date Completed: \_\_\_\_\_

Other (please print title)\_\_\_\_\_ Date Completed: \_\_\_\_\_

Other (please print title)\_\_\_\_\_ Date Completed: \_\_\_\_\_

**By signing below, I attest that staff listed on the corresponding sign-in sheet representing my organization**

\_\_\_\_\_, a contracted entity with L.A. Care Health Plan, have completed the training/s checked off above. I also attest that my organization will furnish copies of sign-in sheets, attestations, and any other related material at the request of L.A Care Health Plan.

Name of facilitator/office manager: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_