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 required staff in attendance of training(s), legibly complete the sign-in sheet (All Fields), and the facilitator or Office Manager must attest below that the staff listed on the corresponding sign-in sheet were in attendance for the entire presentation. **Signing this attestation confirms that you and your staff have completed the required training and have received and reviewed "The New Provider Orientation Handbook, provided by L.A. Care Health Plan."** 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.

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

L.A. Care Health Plan Sign-in Sheet _____ Date Completed:

L.A. Care Model of Care Training _____ 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 received and reviewed a copy of both the L.A. Care New Provider Orientation Handbook and Model of Care Training as well as completed other training(s) listed above.

I 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/individual provider: _____

Title: _____

Signature:_____ Date:_____

Email:_____ Phone: _____

*LA CARE FORMS AND THE LANGUAGE CONTAINED HEREIN ARE NOT TO BE ALTERED

L.A. Care Sign-In Sheet

Name of PPG/PCP/Specialist/Hospital/Other:_____

Training Location: _____

Facilitator Name: _____

Date:_____**Time:** _____ **Phone:**

Name of Training: _____

Print Name (first, last)	Signature	Job Title	Email Address

By signing your name above, you attest that you have completed the training or attended the event indicated on this sign-in sheet. 09/21/2021aw

*LA CARE FORMS AND THE LANGUAGE CONTAINED HEREIN ARE NOT TO BE ALTERED. IF A SECOND SHEET IS NEEDED, PRINT AND LABEL AS PAGE 2.