



## Attestation Statement

I attest that I have reviewed the SNP Model of Care training presentation in its entirety.

Name of Authorized Representative Attesting to the Training :

**First Name**

**Last Name**

**Date**

**Title of Authorized Representative Attesting to the Training :**

**License #:**

Please make sure all the fields have been completed, then click the Submit button to submit your attestation.

**Organization / Entity**

**City**

**State**

**Zip**

**Phone**

**Email**

**Submit Attestation**