

## ATTESTATION OF TRAINING COMPLETION

As a contracted network provider and/or a first, downstream or related entity, \_\_\_\_\_ (Name of Organization) attests that it has conducted appropriate education and training related to general Compliance program requirements and how to identify, correct and prevent potential fraud, waste and abuse, as required by the final rule issued in the Federal Register for 42 CFR parts 422 and 423 of the Medicare Program.

*If you have met the fraud, waste, and abuse certification requirements through enrollment into the Medicare program you are deemed to have met the training and educational requirements for fraud, waste, and abuse.*

Please select the method of education and training that your organization chose to comply with the final rule requirement:

- ☐ Conducted our own education and training per CFR 422.503(b)(4)(vi)(c) or 423.504(b)(4)(vi)(c);
- ☐ Took training and education provided by Florida Health Care Plans; or
- ☐ Took training and education provided by another Medicare Advantage and Part D sponsor or another source.

Signature below attests that your organization has completed appropriate education and training related to general Compliance program requirements, how to identify, correct and prevent potential fraud, waste and abuse, and that your organization will furnish, upon request, to FHCP, training logs to validate that training was completed.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Tax ID

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code

**Please return this completed attestation to: FHCP Compliance Department, 2450 Mason Avenue, Daytona Beach, FL 32114**