



**The Holman Group**  
Managed Behavioral Healthcare Services

## **Holman Group Attestation Form**

### Annual Cultural Competency Training

Provider or Group Name: \_\_\_\_\_

Tax ID # (if applicable): \_\_\_\_\_ NPI#: \_\_\_\_\_

Cultural Competency Training was completed by attending training hosted by another health plan.

Health Plan: \_\_\_\_\_

Date Training Completed: \_\_\_\_\_

### **Please check the following related to Holman's Cultural Competency Training:**

Provider ensures that all the following personnel completed Holman's Cultural Competency Training:

All Staff who interacts or who may potentially interacts with Holman members;

All staff who are responsible for policies and procedures affecting Holman members;

Any other staff deemed appropriate by contractor or Department of Health Care Services

Signatory Title: \_\_\_\_\_ Date Training Completed: \_\_\_\_\_

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

### **ATTESTATION SUBMISSION INSTRUCTIONS:**

This Attestation Form is to be scanned and emailed to [PR@Holmangroup.com](mailto:PR@Holmangroup.com) or faxed to (818) 346-3753.

**This training and attestation is due no later than December 1<sup>st</sup>, 2017.**