



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 or faxed to (818) 346-3753.

This training and attestation is due no later than December 31st, 2020.