ATTESTATION OF TRAINING COMPLETION

As a first, downstream or related entity, _____ (Name of Organization) attests that it has conducted appropriate education and training 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 on 12/5/07.

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 attest that your organization has completed appropriate education and training to identify, correct and prevent potential fraud, waste and abuse, and 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, 1340 Ridgewood Avenue, Holly, Hill 32117