



CHOC Health Alliance Attestation Form

Disability Awareness and Sensitivity Training

Provider or Group Name: _____

Tax ID # (if applicable): _____

NPI # (if applicable): _____

Date Training Completed: _____

Signatory Printed Name: _____

Signatory Title: _____

Signature: _____

Please check (✓) the following related to CalOptima's Disability Awareness and Sensitivity Training:

Provider ensures that all the following personnel completed CalOptima's Disability Awareness and Sensitivity Training:

- All staff who interact or who may potentially interact with Seniors and Persons with Disabilities (SPD) beneficiaries;
- All staff who are responsible for policies and procedures affecting SPDs; and
- Any other staff deemed appropriate by contractor or DHCS.

ATTESTATION SUBMISSION INSTRUCTIONS:

This Attestation Form may be scanned and emailed to CHA Provider Relations at ProviderRelations@CHOHealthAlliance.com or faxed to (714) 509-7015.