



CHOC Health Alliance Attestation Form

Cultural Competency 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 Cultural Competency Training:

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

- ☐ All staff who interact or who may potentially interact with CalOptima members;
- ☐ All staff who are responsible for policies and procedures affecting CalOptima members;
and
- ☐ Any other staff deemed appropriate by contractor or Department of Health Care Services.

ATTESTATION SUBMISSION INSTRUCTIONS:

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