



## ACKNOWLEDGMENT OF REQUIRED TRAINING ATTESTATION

I understand and am aware that I must complete certain specific training on an annual basis. I am also aware that WellTrans will keep record of that training in my MCEs. I acknowledge that I have received the training materials for:

- Fraud, Waste, and Abuse (FWA)
- HIPAA HITECH Privacy for Covered Entities
- General Compliance
- Code of Conduct

I understand it is my responsibility to review these materials and ask my Compliance Officer any questions I might have regarding these materials. By signing below, I attest and certify that:

*I agree to read and to comply with the standards contained in the 4 training materials mentioned above that are provided to me.*

Provider Name (Please Print) \_\_\_\_\_

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_