



TRAINING ATTESTATION

CMS Medicare Parts C&D General Compliance Training

As an authorized representative of _____
(Name of contracted Business Associate), I attest based upon best knowledge and belief, all workforce members (including employees, volunteers, and trainees) of this organization have completed the 2017 CMS Medicare Parts C&D General Compliance training. Individual training completion certificates will be maintained by this organization for a minimum of 10 years.

Name (print)

Title

Signature

Date

Email Address

Phone Number