



Cultural Competency for Healthcare Providers Training Attestation

Providers and their staff are expected to receive this training to increase their knowledge in cultural competency to improve communications with patients. The Department of Health Care Services (DHCS) requires that all providers' cultural competency training is listed in our provider directory.

Practices must maintain a list of training participants. The Medical Director or Senior Physician must attest to completion, as indicated below:

Attestation:

By signing this document, I am attesting that the individuals on the attached list have participated in training on the topic of Cultural Competency. They understand the content of the training, and agree to abide by all applicable policies and procedures.

Practice Name: _____

Address: _____

Billing NPI(s): _____

Print name (Medical Director or Senior Physician)

Date

Signature

Keep this form in a designated location that is easily accessible.
It is to be shared upon request of PHC or DHCS employees during Facility Site Review

CULTURAL COMPETENCY FOR PROVIDERS TRAINING SIGN-IN SHEET

Practice Name:	Meeting Date:
Training Module (PHC, ICE or other):	

Name	Title/Job Function	E-Mail

(Make additional copies as necessary)