

## Training Attestation

To finalize completion of this training module, please return this page. Read and sign this Attestation Statement and return to CCHP via fax at 628-228-3436 or email to [care.management@cchphealthplan.com](mailto:care.management@cchphealthplan.com)

I acknowledge that I have completed the **2021 SNP MOC Provider Training**.

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Print Name

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Signature

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Date Completed