

## ATTESTATION OF TRAINING COMPLETION

The undersigned Network Provider hereby attests to having completed a comprehensive review of the following PerformCare training modules. Additionally, the undersigned Network Provider hereby agrees to abide by all laws, policies, and guidelines referenced in these training materials.

Required Training Models:

- An Overview of FWA, Compliance, and Privacy Laws
- Provider Documentation Requirements and Recommendations

Provider Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

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

Completion Date: \_\_\_\_\_