



**CULTURAL COMPETENCY TRAINING CONFIRMATION 2021**  
*Centers for Medicare and Medicaid Services (CMS) – Mandatory Requirement*

Please sign below to attest you have completed a Cultural Competency training that meets the Centers for Medicare and Medicaid Services (CMS) guidelines in 2021. Molina Healthcare is required to offer an annual Cultural Competency training to our participating provider network that meets CMS guidelines. Providers may complete the Molina Healthcare training to fulfill this requirement if they do not have their own curriculum available in accordance with the CMS requirements. The training is located under the “Health Resources” tab at [www.MolinaHealthcare.com/OhioProviders](http://www.MolinaHealthcare.com/OhioProviders).

Send the signed and dated form by Dec. 31, 2021 via:

- Email to [OHAttestationForms@MolinaHealthcare.com](mailto:OHAttestationForms@MolinaHealthcare.com)

The Cultural Competency training validation is mandated by CMS to ensure providers meet the unique and diverse needs of all members.

Thank you for your immediate response and cooperation.

**I have received and reviewed the posted materials for the Cultural Competency training or I have completed my own Cultural Competency training course in compliance with CMS guidelines.**

Clinic/Practice Name: \_\_\_\_\_

Clinic/Practice Address: \_\_\_\_\_

Group Tax Identification Number (TIN): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ State: \_\_\_\_\_

**Physician Information**

Please complete for all participating providers in your practice. This information will be available to our members to reference when selecting a provider who meets their cultural needs. A spreadsheet containing this information can be attached, if needed.

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

Provider Ethnicity (NCQA Requirement): \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

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

Provider Ethnicity: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_