



**CULTURAL COMPETENCY TRAINING CONFIRMATION 2020**  
*Centers for Medicare and Medicaid Services (CMS) – Mandatory Requirement*

Please sign below to attest you have received Cultural Competency training in 2020 from Molina Healthcare. Send the signed and dated form by Dec. 31, 2020:

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

Molina Healthcare is required to provide annual Cultural Competency training to our participating provider network. The training 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.**

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: \_\_\_\_\_