



Non-Licensed Provider Training Attestation Letter

Agency Name: _____

Contact Name for Training: _____

Clinical Director Name and Signature*:

Name

Signature

Licensure

- * **When you sign and submit this letter, you attest that you have completed the seven standardized trainings for Non-Licensed Providers that are available on our website at www.providerexpress.com.**

Required Training Modules:

- Co-occurring Disorders
- Crisis Intervention
- Cultural and Linguistic Competency
- Serious Mental Illness and Emotional Behavioral Disorders
- Suicide and Homicide Precautions
- System of Care Overview
- Treatment Planning

Upon completion of this attestation form and the Training Module Log (page two), please return both to UnitedHealthcare via one of the following methods:

- Email (preferred): training_bhnetwork@uhc.com
- Fax: 844-291-7885

A copy of this signed letter of attestation shall be maintained in the provider's personnel record as verification of completion of this state required training.

We will also accept training attestation forms from Amerigroup, Louisiana Healthcare Connections, Aetna and AmeriHealth Caritas.

Training Module Log

Staff Name	Staff Title/Credentials	Dates of Training	Staff Signature*

When complete, please email (preferred) to training_bhnetwork@uhc.com, or fax to: 844-291-7885