

**Unlicensed Provider Training Attestation**

By completing and submitting this form, you attest that you are an unlicensed individual that has completed all seven standardized training modules approved by the Louisiana Office of Behavioral Health (OBH) and available on the [Louisiana Department of Medicaid's website](#).

A copy of this signed attestation will be maintained in your provider record as verification of completion.

<b>UNLICENSED PROVIDER NAME</b>		
Individual's Name:		
<b>AFFILIATED LICENSED PROVIDER / FACILITY</b>		
Affiliated licensed provider / facility:		
Tax ID:		
<b>MANDATORY BEHAVIORAL HEALTH TRAINING MODULES</b>		
<a href="#">Behavioral Health Standardized Basic Training Modules for Unlicensed Providers   La Dept. of Health</a>		
<ul style="list-style-type: none"><li>• Mental Health 101: Introduction to Serious Mental Illness and Emotional Behavioral Health Disorders</li><li>• Crisis Intervention</li><li>• Suicide and Homicide Precautions</li><li>• System of Care Overview</li><li>• Co-Occurring Disorders</li><li>• Cultural Linguistic Competency</li><li>• Treatment Planning</li></ul>		
<b>ATTESTATION:</b>		
If you attest to completing all seven behavioral health standardized basic training modules for unlicensed providers, please print your name, sign, and date this section.		
_____	_____	_____
<i>Printed Name of Authorized Signatory</i>	<i>Signature of Authorized Signatory</i>	<i>Date</i>