



CULTURAL COMPETENCY TRAINING ACKNOWLEDGEMENT FORM

Option 1: Cultural competency training provided by Gold Coast Health Plan (GCHP)

Date of GCHP training: _____ Name of GCHP contracted entity or provider: _____
(Name)

I attest to having received GCHP training resources for cultural competency and/or Seniors and Persons with Disabilities (SPD) and confirm that _____, a network provider for the Medicaid program, has completed the training.
(Name)

Option 2: Cultural competency training provided by another organization or health plan

Date of cultural competency training: _____ Name of GCHP contracted entity or provider: _____
(Name)

I attest to having received training and resources on cultural competency and/or Seniors and Persons with Disabilities (SPD) from another organization or health plan. I confirm that _____, a network provider for the Medicaid program, has completed the training.
(Name)

I attest to receiving and reviewing cultural competency training provided to me. Please sign and date below.

Print Name

Title

Signature

Date

Please fax this signed form to Cultural and Linguistic Services at 1-805-248-7481 or email it to CulturalLinguistics@goldchp.org.