Attestation of Training Completion for Aetna Medicare FIDE (HMO D-SNP) for Par-Providers

Are you an LTSS provider? ☐ Yes ☐ No

Please use form below to note that date and the training was completed by you or your organization.

Type of Training	Date of Completion	Organization or Person who Completed
Introduction into FIDE DSNP		
LTSS Overview (LTSS providers only)		
Critical Incidents		
Cultural Competency		

In addition, the Organization/Person certifies and attests that it has required its subcontractors and/or affiliates and downstream entities to certify and attest that they have obtained and conducted, as applicable, the required training for all personnel and employees, as applicable.

Upon request by the State of Illinois or CMS, the Organization/Person will furnish training logs, as well as certifications or attestations it obtains from its downstream entities to validate that the required training was completed.

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Name of Organization/Person	NPI or Tax ID
Name of Organization Representative	Representative Title
Signature	Street Address
Date Signed	City, State, ZIP Code

If there is more than 1 individual from your organization that has completed training, please utilize the form found on page 3.

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Attestation of Training Completion

Please list individuals in your organization that have completed each of the training(s) noted on page 1 of this form. Use multiple forms for each training if necessary.

Training Type/Name:		
Date/Time Completed:		
NPI (if applicable)	**Name (Last, First)**	**Position**

Once completed, please email COEProviderServices@aetna.com. We will note that you or your organization has completed the training.

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