

## **Training Attestation Statement**

I, \_\_\_\_\_, hereby attest that I have received, reviewed and have successfully completed the Enhanced Provider Network (EPN) training program. I confirm that I have actively participated in the training and completed all required assignments and assessments.

I understand that the knowledge and skills acquired during this training are intended for the purposes of improving service performance and compliance with regulatory standards. Therefore, I further agree to talk with my manager if I have questions or don't understand any part of the training materials.

I acknowledge that I have received a copy of the SCS Provider Manual for MCCW.

I acknowledge that the information presented in this training is confidential and may not be disclosed or used for any unauthorized purposes.

Statement accurately reflects signatures/notations made on \_\_\_\_\_.  
*Date*

\_\_\_\_\_  
*Signature:*

\_\_\_\_\_  
*Title*