



Cultural Competency Training Attestation

Please complete, sign and fax to Highmark's Provider Information Management team at **1-800-236-8641**. This form is also available on the Provider page of our website, www.HighmarkHealthOptions.com, in the Forms and Reference section and also within the Cultural Competency Toolkit.

Practitioner Name (Please print Last, First, MI & Degree): _____

Practitioner NPI: _____

Blue Shield ID: _____

Cultural Competency Training

Have you thoroughly reviewed our Cultural Competency Toolkit, including the Cultural Competency Power Point? No Yes, Date Completed: _____

OR

Have you completed another Cultural Competency Training course?

No Yes, identify course name and date

Course Completed: _____ Date: _____

Practitioner's Signature: _____ **Date:** _____

(By signing I do hereby attest that the above information is accurate. Cultural Competency will be published in the Provider Directory.)