

CULTURAL COMPETENCY TRAINING ATTESTATION FORM

BlueCare Tennessee is required by the Division of TennCare and CMS to provide cultural competency training to our participating network providers (practitioner, ancillary or facility).

By signing below, you attest that all contracted providers listed on this form, including staff at any practice, clinic or facility listed, have received this training. BlueCare Tennessee will acknowledge completion of this training in our online provider directory to assist members in selecting a provider.

I have received and reviewed the written materials for the Cultural Competency Training, and all staff have also received and reviewed these materials.

Name

Title

Corporate/Practice Name

Tax ID

Contact Phone Number or Email

Signature

Date

List all names and NPIs for your contracted providers who have received this training (attach additional pages, if needed):

Provider Name

NPI

Provider Name

NPI

Provider Name

NPI

Please return via email to: PNS_GM@bcbst.com