



Attestation of Training Completion

- > As a first tier, downstream or related entity, _____ (Name of Organization) attests that it has conducted appropriate education and training to identify, correct and prevent potential fraud, waste and abuse, as required by the final rule issued in the Federal Register for 42 CFR Parts 422 and 423 of the Medicare Program on 12/5/07.
- > Please select the method of education and training that your organization chose to comply with the final rule requirement:
 - Reviewed this training and education provided by the Northern Plains Alliance
 - Reviewed training and education provided by another Medicare Advantage and Part D sponsor or another source.
- > By signing below, you also attest that your organization will furnish training logs upon request to your local Plan to validate that training was completed.

Print Name

Title

Signature

Date

Organization Name

Tax ID

Street Address

City, State, Zip Code

Please sign and return by FAX (701) 282-1197 or
Mail to: Provider Education, Blue Cross Blue Shield of North Dakota, 4510 13th Ave. S., Fargo, ND 58121.