

## 2021 Cal MediConnect and Dual-Eligible Special Needs Plan Model of Care Training Attestation

**Instructions:** Complete either the individual or group attestation, and email the completed form to [Provider\\_education@blueshieldca.com](mailto:Provider_education@blueshieldca.com).

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**Individual attestation:** Complete this page only and email the completed form to [provider\\_education@blueshieldca.com](mailto:provider_education@blueshieldca.com). If you took the Blue Shield Promise Health Plan eLearning course, your completion has already been recorded and you do not need to submit this form.

I am an individual who has completed the training. By submitting this form, I acknowledge that I have completed the 2021 Cal MediConnect and Dual-Eligible Special Needs Plan Model of Care provider training.

Medical Group(s)/Provider: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

License #: \_\_\_\_\_ NPI: \_\_\_\_\_

County: \_\_\_\_\_ Date: \_\_\_\_\_

*End of Individual attestation. If you are completing the group attestation, see next page.*

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**Group attestation:** Complete this page and list the providers in your group who have completed the training on the next page(s). Email the completed form and provider list to [provider\\_education@blueshieldca.com](mailto:provider_education@blueshieldca.com).

I am submitting this form for a group who has completed the training. By submitting this form, I acknowledge that the practitioners listed on the following page(s) have completed the 2021 Cal MediConnect and Dual-Eligible Special Needs Plan Model of Care provider training.

Medical Group(s)/Provider: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Group Tax ID: \_\_\_\_\_ NPI: \_\_\_\_\_

County: \_\_\_\_\_

*List the providers in your group who have completed the training on the next page(s).*

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Attestation**

List the providers in your group who have completed the training. You may add more pages if needed.

Date	First name	Last name	License #	NPI	Group name	Email