

Agency name:
NPI#:

Training Attestation

I certify on behalf of my agency that all non-licensed staff have received and reviewed the required Louisiana Behavioral Health Partnership Standardized Basic Training Courses, including:

- System of Care Overview.
- Cultural Competence.
- Mental Health 101.
- Co-Occurring Disorders.
- Crisis Intervention.
- Suicide/Homicide Precautions.
- Treatment Planning.

I further certify that all newly hired non-licensed staff will receive and review the Standardized Basic Training Courses within 30 days of hire, and documentation confirming the same will be maintained in each employee's personnel file and be available upon request.

Staff member name and credentials	
Contact name:	Contact phone:
Contact title and department:	
Contact email:	Date of completion:

Please submit your completed form to: **network@amerihealthcaritasla.com**.

By submitting, you certify that your responses above are accurate, truthful and complete to the best of your knowledge.