



VCMAX CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES TRAINING ATTESTATION

From:

First Name	Last Name	Practice Name
Address		
City	State	ZIP

Instructions: After completing the 2021 CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES training for VillageCareMAX, please complete this form no later than **12/1/2021** and send completed form to below:

- If you are a hospital located in the Manhattan and Queens area, please contact: Sergio Ferguson at cell# (646) 753- 2621 or via email: sergiof@villagecare.org
- If you are a hospital located in the Brooklyn and Bronx area, please contact: Orlando Santos directly at cell# (347) 541-0947 or via email: orlandos@villagecare.org
- For community based providers, please contact: David Godoy at cell# 917-921-5702 or via email: DavidG@villagecare.org

If you completed this training on behalf of a practice, please list each provider below (*note: listing additional practitioners does not constitute network participation*).

FIRST NAME	LAST NAME	DEGREE	ORGANIZATION TIN	INDIVIDUAL NPI

I hereby attest that the providers listed above have completed the 2021 Culturally and Linguistically Appropriate Services training, which is a requirement of VillageCareMax employees and providers are developed by the Office for Minority Health (OMH) at the U.S. Department of Health and Human Services (HHS). I declare that the above statement is true and accurate to the best of my knowledge. Additionally, this will confirm that I hold the authority to make these attestations.

Required Attestation

Information completed by: _____
First Name (*Please print*)
Last Name (*Please print*)
Date

Signature: _____

Relationship to above-named provider (e.g., self, office manager, nurse, other): _____

Phone number, if different than practice office: _____