



Hamaspik^{Inc.}

Model of Care Training Attestation

Name of Attendee(s)	
Representing IPA/Hospital System/Group	
Initial / Annual Training	
Date Completed	
Signature	
Comments/ Feedback	
Interested in participating in our Medical Advisory Subcommittee Meetings?	

Thank you for your participation! Please send your completed attestation to:
providerrelations@hamaspikchoice.org.