**CORPORATE COMPLIANCE TRAINING**

**CERTIFICATION FORM (Form 3.38.2)**

**This form is to be completed by all Integrated Health Home (IHH)/Behavioral Health Home (BHH) Compliance Officers on an annual basis and submitted via e-mail to the Health Choice Arizona Corporate Compliance Officer. This form is due no later than December 30th each Contract Year.**

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| **AGENCY INFORMATION:**  |
| **AGENCY NAME:**  |
| **TOTAL EMPLOYEES:**  | **TOTAL EMPLOYEES WHO COMPLETED THE TRAINING:** |
| **Reason(s) for Employees Who Did not Complete Training:**  | **Plan for Them to Complete Training:** | **By What Date:** |
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| **CERTIFICATION** |

**By signing this form, I certify that the information herein is true and accurate and that I am the duly authorized representative acting as the agency’s Compliance Officer. I further certify the following:**

[ ]  That training has been completed:

[ ]  All of the agency’s employees received the Health Choice Arizona Corporate Compliance Training; or

[ ]  For any employees who have not yet completed the Health Choice Arizona Corporate Compliance training, the reasons and plan for completion have bene documented above. I will notify Health Choice Arizona upon completion for all agency employees of the training by the specified due date above.

[ ]  Written documentation is on file (or in e-learning) confirming training completion for each employee

[ ]  I understand that it is my responsibility to ensure that all new staff members throughout the next year also complete the required training.

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| **SIGNATURE** |

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**Name: Date**

**Title:**