



Mandatory All Provider Training: 2016

**Cal Optima OneCare Connect/Medi-Connect Plan (Medicare-Medicaid Plan)-
OneCare Connect Program Overview, Disability Awareness and Sensitivity
Training and Cultural Competency Training Attestation**

(Training Period: January 1st, 2016 – December 31, 2016)

*(To signify your completion of the this mandated Cal Optima OneCare Connect Program Overview
Training, after going through the training, please fill out your name, sign below and return it to
AnnualCompliance@ RegalMed.com or by Fax to (818) 933-0598)*

**Acknowledgement of
Cal Optima OneCare Connect Program Overview Training**

By my signature below, I acknowledge that I have completed the following check-marked training module(s) from Cal Optima Health Plan, and that I understand the information presented within it.

No.	Name of the Training	Completed
1	Cal Optima OneCare Connect Program Overview, Disability Awareness and Sensitivity Training and Cultural Competency Training	√

x _____ Completion Date of Training: ___/___/2016
Signature

Printed Name: _____

Please return your completed attestation to:

AnnualCompliance@regalmed.com or fax to (818) 933-0598