



## **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 Steward Health Choice Arizona Corporate Compliance Officer. This form is due no later than December 30<sup>th</sup> each Contract Year.**

<b>AGENCY INFORMATION:</b>		
<b>AGENCY NAME:</b>		
<b>TOTAL EMPLOYEES:</b>	<b>TOTAL EMPLOYEES WHO COMPLETED THE TRAINING:</b>	
<b>Reason(s) for Employees Who Did not Complete Training:</b>	<b>Plan for Them to Complete Training:</b>	<b>By What Date:</b>

<b>CERTIFICATION</b>
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**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 Steward Health Choice Arizona Corporate Compliance Training; or
  - For any employees who have not yet completed the Steward Health Choice Arizona Corporate Compliance training, the reasons and plan for completion have been documented above. I will notify Steward 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.

<b>SIGNATURE</b>
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**Name:**  
**Title:**

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**Date**