

Unlicensed Behavioral Health Provider Training Attestation

By completing and submitting this form, you attest you are an unlicensed individual who has completed all seven standardized training modules approved by the Louisiana Office of Behavioral Health and available on the [Louisiana Department of Medicaid's website](#).

We will keep a copy of this signed attestation in your provider record as verification of completion.

UNLICENSED PROVIDER NAME
AFFILIATED LICENSED PROVIDER / FACILITY
TAX ID
MANDATORY BEHAVIORAL HEALTH TRAINING MODULES
Behavioral Health Standardized Basic Training Modules for Unlicensed Providers in Louisiana <ul style="list-style-type: none">• Mental Health 101: Introduction to Serious Mental Illness and Emotional Behavioral Health Disorders• Crisis Intervention• Suicide and Homicide Precautions• System of Care Overview• Co-occurring Disorders• Cultural Linguistic Competency• Treatment Planning

ATTESTATION:

If you attest to completing all seven behavioral health standardized basic training modules for unlicensed providers, please print your name, sign your name and fill in the date below.

Printed name

Signature

Date