



2025 Compliance Requirements Attestation Form – Special Needs Plans (SNP) training for providers in Puerto Rico

Humana SNP training for Puerto Rico: [2025 PR SNP Training](#)

As a duly authorized representative of the organization, I hereby acknowledge and agree the organization:

- Has been provided, read and understands the Humana SNP provider training and
- Will adopt either the Humana SNP provider training or another training that is materially similar

☐ Accept – My organization agrees to train its applicable employees and downstream entities this calendar year using Humana SNP provider training or materially similar content.

Reviewed and agreed:

Printed name of compliance contact

Signature of compliance contact

Date

Organization name

Tax Identification Number(s)

Organization street address

City

State

ZIP code

Please email the completed and signed form to PRProviderRelations@humana.com or mail it to:

Humana PR Network Operations Support
383 Ave. FD Roosevelt
San Juan, PR 00918-2131