Unlicensed behavioral health provider training attestation

If you attest to completing each of the 4 Intellectual or Developmental Disabilities (I/DD) training modules for unlicensed providers, print and sign your name below and add the date. To verify module completion, we will add a signed copy of the attestation to your provider record.

Unlicensed provider name		
Affiliated licensed provider/facility		
Tax identification number		
Mandatory behavioral health training mod	dules	
I/DD training modules for unlicensed provid	lers in Louisiana	
In-house emotional wellness		
Alternative trauma		
Diagnosis and assessment		
Treatment and therapeutic modalities		
Attestation: By completing and submitting this form, you attest you are an unlicensed provider who has completed each of the 4 I/DD training modules approved by the Louisiana Office for Citizens with Developmental Disabilities. Please submit the form to LAProviderRelations@humana.com.		
Printed name	Signature	Date

Humana Healthy Horizons in Louisiana

Humana Healthy Horizons in Louisiana is a Medicaid product of Humana Health Benefit plan of Louisiana Inc.