



## **2025 MODEL OF CARE TRAINING ATTESTATION**

### **MANDATORY REQUIREMENT**

This form is to certify that your IPA/Medical Group along with its downstream providers have completed the mandatory Model of Care (MOC) training for the year 2025. Please fill in all the required fields and submit this form to [PRCalifornia@molinahealthcare.com](mailto:PRCalifornia@molinahealthcare.com).

Name of Person Attesting: \_\_\_\_\_

Management Services Organization (MSO) Name: \_\_\_\_\_

IPA and or Medical Group(s) Name: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

I hereby attest that my IPA/Medical Group's contracted and credentialed downstream providers have completed the MOC training, and that the information provided in this form is true and accurate. The MSO will produce and provide proof of attestation for its IPAs/Medical Group(s) and downstream providers upon request from health plan. I understand and agree to abide by these standards, requirements, and guidelines.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_