

Amerigroup Louisiana, Inc.
Nonlicensed provider letter of attestation of trainings

When you complete and submit this letter, you attest that you have completed the seven standardized trainings for nonlicensed providers that are available on our website at providers.amerigroup.com/LA under the **Behavioral Health Training Modules** section. These include:

- Co-occurring disorders
- Crisis intervention
- Cultural and linguistic competency
- Serious mental illness and emotional behavioral disorders
- Suicide and homicide precautions
- System of care overview
- Treatment planning

If you attest to completing all of the aforementioned trainings, please sign and complete the section below:

Date: _____

Name/credentials: _____

Affiliated licensed provider/facility: _____

Signature: _____

Upon completion of this form, please return it to Amerigroup Louisiana, Inc. via one of the following methods:

- Fax 1-888-375-5063
- Email lainterpr@amerigroup.com

A copy of this signed letter of attestation shall be maintained in the provider's personnel record as verification of completion.