



New York Medicaid: Annual Think Cultural Health Training - Completion Required by Oct. 1

Provider's identifying information							"HHS Think Cultural Health" Cultural Competency Training New York Medicaid Only
Tax ID:	Last name:	First name:	Middle name (if applicable):	National Provider Identification Number (NPI):	Primary office address:	City, State, Zip:	Date of training completion:

By submitting this form, you are affirming that the information listed above is complete and accurate.

