



IHEBA/SHA Training

(Individual Health Education Behavioral Assessment/Staying Healthy Assessment)
For Partnership HealthPlan of California

Employee Name	Job Function/Title	Date of Training

Attestation:

By signing this document, I am attesting that the individuals listed above have been trained to utilize the new Staying Healthy Assessment Form. They understand the content of the training, and agree to abide by all applicable policies and procedures.

Practice Name: _____

Billing NPI(s): _____

Print name (Medical Director or Senior Physician)

Date

Signature (Medical Director or Senior Physician)