

SSHSP TRAINING ROSTER

RIC Name	Contract No.
Trainer(s)	Date of Training

Type of Training

Compliance Training <input type="checkbox"/>	Medicaid 101 Training <input type="checkbox"/>	Medicaid Software Support <input type="checkbox"/>	Medicaid Documentation Review <input type="checkbox"/>	Other _____
--	--	--	--	-------------

Name (Last/First) <i>Please Type</i>	Organization Represented <i>Please Type</i>	Job Title <i>Please Type</i>	Signature	ID Verified <i>Compliance Training</i>
ID Reviewer's Signature:	Title:			
Reviewer's Organization:				