## 2024 Fraud, Waste & Abuse Training Attestation Statement

I hereby certify that I,	am the authorized representative of my
organization,	having responsibility
directly or indirectlyfor all employees, board members, officers, contracted personnel, contracted providers/ practitioners, contractors, sub-contractors and vendors affiliated with my organization who have direct or indirect contact with the Medicarebusiness, have completed a Medicare Fraud, Waste & Abuse General Training as mandated by the Centers for Medicare & Medicaid Services (42 CFR §422.503(b)(4)(vi)(C), §423.504(b)(4)(vi)(C)).	
I certify that the training consisted of the learning	points listed below and has fulfilled the 2024 requirement
for Fraud, Waste & AbuseGeneral Training.  Fraud, Waste & Abuse Training Learning Points	
Signature	
TIN	

Please maintain copies of all training related documentation for the required record retention period of 10 years.

NPI