



Annual RBHA IHH/BHH Employment Related Training Attestation

The Statewide Collaborative Protocols established through the Interagency Service Agreement (ISA) between AHCCCS, and ADES/RSA/VR includes a training related item indicating on a quarterly basis, the Provider is responsible to provide training on employment-related topics to the provider clinical staff.

Due annually on January 15. Submit via SFTP: ASOC_RBHAEmployTrainAtt_YYYYMM_Pro
Reporting timeframe: Calendar Year – January 1 – December 31

I, **<First Name and Last Name>**, representing **<Enter Provider Organization Name>**, (RBHA Provider) hereby certify that, to the best of my knowledge, the current **rehabilitation specialist** employed with the provider have provided **quarterly training** to the clinical team in the following areas:

- Supported Employment
- RSA/Vocational Rehabilitation program
- Disability Benefits 101 DB101
- Work Incentives (WI)
- ARIZONA@WORK
- Community Resources

The RBHA IHH/BHH provider is responsible to ensure **rehabilitation specialist** have provided training on an employment related topic to clinical staff and have retained training materials including sign in sheets for each session.

I certify that the above information related to training is true and accurate.

Reporting Calendar Year: <Enter Reporting Calendar Year>

<First Name and Last Name>

<Position Title, Provider Name>

Name and Title of Provider Representative

Signature of Provider Representative

Date Signed

Please Note: Mercy Care may request the Provider submit training related materials. The provider is required to submit the requested information within 10 business days from the date of the request.