

ALABAMA LTC PARTNERSHIP TRAINING REPORT FOR MEDICAID CERTIFICATION

As of June 30, _____
Year

NAME	ALABAMA PRODUCER NUMBER	DATE OF COMPLETION INITIAL 8 HOUR TRAINING	COMPLETION ONGOING 4 HOUR TRAINING(PLEASE ENTER ALL ONGOING TRAINING DATES, IF APPLICABLE)
Example: John Doe	123456	04/01/2009	04/01/2011

I certify that, to the best of my knowledge and belief, this information is true and accurate:

Signature

Print Name _____

Title _____

Company Name _____

Address _____

E-mail _____