



## Contracted Provider Training Attestation Form Diversity, Cultural Competency, and Cultural Sensitivity

By signing below, I \_\_\_\_\_ attest that Kaiser Permanente’s “Diversity, Cultural Competency, and Cultural Sensitivity” has been provided to the clinicians and staff of our practice/organization interacting with Kaiser Permanente members.

*(print name)*

This training includes information on the following topics:

- Meaning of Diversity
- Culture and Cultural Competency
- Equal Access / Nondiscrimination Laws and Regulations
- Transgender Care
- Language Assistance Services
- Interacting with People with Disabilities

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Professional Relationship to Kaiser Permanente: Contracted Provider

Once signed, please return this form to Kaiser Permanente by email to: [medi-cal-state-program@kp.org](mailto:medi-cal-state-program@kp.org)

Contractor: \_\_\_\_\_ Tax Identification Number (TIN): \_\_\_\_\_