*Chapter 45, Section 15(e) of the Department of Health’s Medicaid Rules states that, to verify each provider and provider staff meets the qualifications standards, evidence of a completed training summary or test of each training topic shall be retained in the employer’s files. Providers may use this document to show evidence of participation in the Provider Training Series Modules offered by the Division of Healthcare Financing.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Date:** |  |
| **Provider Name (if applicable):** |  | **Module #:** |  |

1. Write a summary of the information that was presented in this training module.

1. What did you find most interesting in this presentation? Explain why.

1. What did you find most helpful in this training? Explain why.

1. How can you use what you’ve learned to improve the services you deliver?

1. On what subject do you need more information or clarification?