



2026 MODEL OF CARE TRAINING ATTESTATION

MANDATORY REQUIREMENT

This form is to certify that your IPA/Medical Group along with its downstream providers have completed the mandatory Model of Care (MOC) training for the year 2026. Please fill in all the required fields and submit this form to PRCalifornia@molinahealthcare.com.

Name of Person Attesting: _____

Management Services Organization (MSO) Name: _____

IPA and or Medical Group(s) Name: _____

Email: _____

Job Title: _____

Date of Completion: _____

I hereby attest that my IPA/Medical Group's contracted and credentialed downstream providers have completed the MOC training, and that the information provided in this form is true and accurate. The MSO will produce and provide proof of attestation for its IPAs/Medical Group(s) and downstream providers upon request from health plan. I understand and agree to abide by these standards, requirements, and guidelines.

Signature: _____

Date: _____