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| **ALABAMA LTC PARTNERSHIP TRAINING REPORT FOR MEDICAID CERTIFICATION****As of June 30,\_\_\_\_\_\_\_\_\_\_** **Year****NAME** | **ALABAMA****PRODUCER****NUMBER** | **DATE OF COMPLETION****INTIAL 8 HOUR TRANING** | **DATE OF COMPLETION****ONGOING 4 HOUR****TRAINING(PLEASE****ENTER ALL ONGOING TRAINING DATES, IF APPLICABLE** |
| Example: John Doe | 123456 | 04/01/2009 | 04/01/2011 |
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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_