



**HARP Training
Attestation and Sign-in Sheet**

Date:		Group Name:		Tax ID:	
Start/End:		Provider Name:		NPI:	

I hereby acknowledge that I fully understand the subject matter that was presented to me by the trainer. I hereby acknowledge that I have received a copy of the training materials. In addition, I will seek guidance from my Affinity HARP Account Manager if further assistance is needed.

Further, I attest to the best of my knowledge that I will convey information as part of my responsibilities both accurately and completely. I understand that non-compliance may effect my continued participation with Affinity (HARP)

#	Print First/Last	Department / Title	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			