



BlueCare
Tennessee

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Cultural Competency Training Attestation Form

BlueCare Tennessee is required by the Division of TennCare and CMS to provide cultural competency training to our participating network providers (practitioner, ancillary, group or facility).

By signing below, you attest that your group or all contracted providers listed on this form, including staff at any practice, clinic or facility, have received this training. BlueCare Tennessee will acknowledge completion of this training in our online provider directory to assist members in selecting a provider.

I have received and reviewed the written materials for the Cultural Competency Training, and all staff have also received and reviewed these materials.

Name: _____ Title: _____

Practitioner/Facility/Group Name: _____

Tax ID: _____ Practitioner/Facility/Group NPI: _____

Contact Phone Number or Email: _____

Signature: _____ Date: _____

List all names and NPIs for your contracted providers who have received this training (attach additional pages, if needed). If you're filling out this form on behalf of a group, please list all providers who are part of the group below to help ensure our directory is updated appropriately.

Provider Name: _____ NPI: _____

Provider Name: _____ NPI: _____

Provider Name : _____ NPI: _____

Please return via email to: PNS_GM@bcbst.com