

New York Medicaid: Completion required Annual Think Cultural Health training by Oct. 1

Provider's Identifying Information

Provider's identifying information							Business/Practice Information – "HHS Think Cultural Health" Cultural Competency Training New York Medicaid Only
Tax ID:	Last name:	First name:	Middle name (if applicable):	National Provider Identification Number (NPI)	Address:	City, state, zip:	Date of cultural competency training/NY Medicaid only:

By submitting this form, you are affirming that the information listed above is complete and accurate.

