

ATTESTATION OF ANNUAL PREVENT CHILD ABUSE TRAINING

COVERING CURRENT AND FUTURE EMPLOYEES AND SUBCONTRACTORS

OF

(Name of ITP Provider Organization / Agency)

As legal representative of the above-named ITP Provider organization, I submit and attest that all current employees / subcontractors and representatives of my agency have completed an annual CDSA approved training on prevent child abuse and understand their responsibilities for reporting abuse and neglect. I further certify that all future employees and representatives will also be required to complete a CDSA approved training within thirty (30) days of hire.

I will sign and submit this Attestation annually, and maintain certificates of completion on file locally at my agency. If it is determined that the required annual training has not been completed by all employees / subcontractors of my agency, I understand this could result in suspension or termination of the provider agreement.

Signature of Authorized Representative

Date of Signature