



Health Equity, Cultural Competency, and Bias Training Attestation

Once completed, please email this form to providerrelations@solishealthplans.com.

I attest that I have read and understand the Solis Health Plan Health Equity, Cultural Competency, Bias, Diversity and Inclusion training. I further attest this information will be shared with applicable staff in my organization.

Name: _____

Title: _____

Organization Name: _____

Signature: _____

Date: _____

