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TRAINING LOG (return to CPH office)

Please review the enclosed power point document entitled '**Medicare Advantage and Part D Fraud, Waste and Abuse Compliance Training.'** **Once you have reviewed the document, you must complete the section below and return this form back to our office as soon as possible. Thank you.**

Employee Name	Title of Training	Date	Employee Signature
	CMS – Medicare Advantage & Part D Fraud, Waste And Abuse Compliance Training		
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