

**Attestation for 2023 MOC**

1.) ACKNOWLEDGMENT: **Model of Care**

a.) I hereby acknowledge that I have read, understand and will comply with the provisions of the 2023 Valor Model of Care

b.) I will attend all required training seminars provided by Valor Health Plan throughout the course of the year.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Job Title \_\_\_\_\_