

Community First Choice (CFC) Support and Planning Coach Electronic Visit Verification (EVV) Training Self-Attestation

Provider Agency: _____

Staff Member Name: _____ **DATE:** _____

Community First Choice (CFC) Support and Planning Coach Services include supporting CFC Consumer-Employers in using the Electronic Visit Verification (EVV) system. Please use this form to self-attest to how you meet the EVV training requirements. This must be kept on record with the agency listed above.

Please select the category that best fits your situation.

I have received training and have successfully used Electronic Visit Verification (EVV) system.

Date Training Completed: _____

I have watched (in full) the Electronic Visit Verification (EVV) video library and webinars on [Connecticut Consumer Direct Video Library \(wistia.net\)](http://wistia.net).

Date Training Completed: _____

Staff Member Certification and Signature

I certify that, to the best of my knowledge and belief, all the information above and any other information I have provided in self-attesting to EVV training is true, accurate and complete.

Staff Member Printed Name: _____

Staff Member Signature: _____ **Date:** _____