[Your Name]

[Company Name]

Street Address

[City, ST ZIP Code]

[Date]

Molly French

Workforce Manager

Care Compass Network

33 Lewis Road

Binghamton, NY 13905

Dear Molly French:

Please accept this letter on behalf of Organization Name. My signature below is an attestation that as the Director of Training, Director of Human Resources, or equivalent job title, I am attesting that the below staff member(s) or the staff member(s) on the enclosed training roster file has successfully completed Cultural Competency and Health Literacy (CCHL) training which has fulfilled the following core concept training objectives.

CCHL Training Objectives:

1. Define and describe cultural competency.
2. Define and describe health literacy.
3. Recognize the potential consequences of limited understanding of cultural diversity.
4. Identify appropriate resources to address cultural and linguistic gaps.

Staff Member Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Training Completion Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CCHL Training Name/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Created by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For auditing purposes, Organization Name will make their current Cultural Competency and Health Literacy training modules available upon request.

Sincerely,

Name

Title

Organization