

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
BRIDGES TO HEALTH (B2H) HOME & COMMUNITY BASED SERVICES MEDICAID WAIVER PROGRAM

CERTIFICATE OF ATTENDANCE

is awarded to

for successfully completing the Bridges to Health (B2H)
Home & Community Based Services Medicaid Waiver Training Program on

_____	_____	X
DATE	TRAINER NAME AND ORGANIZATION	TRAINER SIGNATURE

Original – Individual Who Participated in Training; **Copy** – Health Care Integration Agency, Waiver Service Provider