



2026 ANNUAL SPECIAL NEEDS PLAN (SNP) MODEL OF CARE **(MOC) TRAINING ACKNOWLEDGEMENT**

(Please write in your Name on the above line)

I acknowledge that I have completed the 2026 Annual Special Needs Plan (SNP) Model of Care (MOC) Training and understand my role and responsibilities in supporting the SNP population in accordance with the MOC.

Signature:

Print Name:

Date:

Submit completed attestation to: pnm@imperialhealthholdings.com