



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

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(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:

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Print Name:

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Date:

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Submit completed attestation to: [pnm@imperialhealthholdings.com](mailto:pnm@imperialhealthholdings.com)