FL SMMC Subcontractor Training

This certifies that the participants listed below have completed the required FL SMMC Subcontractor Training

Instructions:
- Please add the names of all the participants who completed the FL SMMC Subcontractor training, as well as the rest of the information requested in the spreadsheet below.
- Once you complete the roster, email it to FLSCTraining@wellcare.com

Enter the Name of the Subcontractor:				
Participant Name	**Role**	**Enter the Subcontractor Training completed** **Enter either:** 1. All FL SMMC Subcontractor Training **or the individual modules that were completed:** 2. FL Staywell Subcontractor Overview 3. Appendix A: FL SC Orientation 4. Appendix B: FL Managed Long Term Care Overview 5. Appendix C: FL Serious Mental Illness Overview	**Subcontractor Training Completion Date**	**Subcontractor Trainer Name**