

Monday, January 5, 2026

Please return form by **January, 16, 2026**  
**Subject: 2026 ANNUAL CPSP & CONSENT FOR STERILIZATION  
COMPLIANCE TRAINING ATTESTATION**

This form acknowledges that the participant had completed the 2026 Annual CPSP & Consent for Sterilization Compliance Training and understands the key components required for compliance.

<b>Key Components Covered:</b>
Be completed by a provider within the primary care medical setting.
<ul style="list-style-type: none"><li>• CPSP Program Overview &amp; Client-Center Services</li><li>• CPSP Documentation Requirements &amp; Audit Standards</li><li>• CPSP &amp; Sterilization Consent Best Practices</li><li>• Consent Forms (PM330 &amp; PM284) Requirements</li><li>• Provider Responsibilities &amp; Common Error Prevention</li></ul>

**Date:** \_\_\_\_\_

**Office/ Provider Group:** \_\_\_\_\_

**Office Staff Name:** \_\_\_\_\_

**Provider/Providers Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

By signing this attestation, the undersigned acknowledges a thorough understanding of the CPSP documentation requirements, Informed Consent processes, and established best practices for sterilization. Furthermore, it is understood that failure to adhere to these standards may result in the issuance of a non-compliance notice.

MemorialCare Select Health Plan appreciates your continued commitment to providing quality care to our members. If you have any questions, please contact the Quality Department at [mcselectquality@memorialcare.org](mailto:mcselectquality@memorialcare.org).

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