KY Subcontractor Training

This certifies that the participants listed below have completed the applicable KY Medicaid Subcontractor Training Instructions:

- Please add the names of all the participants who completed the ENT KY Subcontractor Training, as well as the rest of the information requested in the spreadsheet below.
- Once you complete the roster, email this roster to SM KYSubcontractors@wellcare.com

Subcontratctor Name:				
Participant Name	Role	Enter the Curriculum Title that you completed.	Completion Date	Trainer Name