
Declaration of Compliance with the Medicare Part D Prescription Drug Benefit Fraud, Waste and Abuse (FWA) Training Requirements

_____ (Name of Pharmacy or Organization) attests that it has conducted appropriate education and training to identify, correct and prevent potential fraud, waste and abuse, as required by the final rules issued in the Federal Register for 42 CFR Parts 422 and 423 of the Medicare Program.

Individuals who have responsibilities in Medicare Part D business areas receive training at initial hire, at the time of contract (if a contractor or subcontractor), when Part D requirements change and at least annually.

By signing below we also attest that we will furnish training logs upon request to plan sponsors to verify that training was completed for all applicable personnel.

Organization Name

Street Address

City, State, Zip Code

Print Name

Title

Signature

Date

NPI #

NABP #

