Fraud, Waste and Abuse & General Compliance Training Log

Name of Entity:				
Training Included:				
	ng Medicare Parts C and D Parts C and D Complianc		e Training	
Name of Attendee:	Title:	Date of Hire:	Date/Time of Training:	Score (if applicable):
1.				
 3. 				
4.				
5.				

This sample log is intended to be used by Downstream Entities to track and monitor training completion.