

**Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training
Attestation Form**

Date: _____

I have received and read the SBIRT information provided to me by FirstChoice Medical Group and understand that I'm required to perform a screening for Med-Cal members 18 years of age and older at risk for alcohol misuse.

By completing this form, I attest that I have completed the required SBIRT training and will follow the specific state and federal regulations.

Providers Name (print): _____

Signature: _____

Return to FirstChoice Medical Group's QM Department at fax (951) 280-8218