



Maryland Loan Repayment Programs

Cultural Competency Training and Assessment

To be completed by participant or participant's employer.

Participant Name: _____

Practice Site Name: _____

Section 1: Participant Training

MLRP participants are required to complete 6 hours and submit proof of continuing education credit in cultural, linguistic, and health literacy competency as part of the annual conditions of award. Title of training:

_____ Source of training/ Trainer:

_____ Hours completed: _____

Date(s) completed (Should be between July 1, 2024 - June 30, 2025): _____

Section 2: Practice Site Assessment

Sites are required to complete an organizational assessment to evaluate their current integration of National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS), issued by HHS.

Title of assessment: _____ Source
of assessment: _____

Date(s) completed (Should be between July 1, 2024 - June 30, 2025): _____

Areas identified for improvement:

Section 3: Attestation

I certify that the information provided above is true and complete to the best of my knowledge.

Signature of Completing Individual _____ Date _____

Printed/Typed Name _____ Title _____

Email Address _____

Please attach earned training certificates, and, if available, organizational assessment results.

See MLRP Webpage for resources related to this requirement:
<https://health.maryland.gov/pophealth/Pages/MLRP-Cultural-Competency.aspx>