**Interpreter Attestation**

**Upon review of the interpreter PowerPoint, print off this page, check each box as true, sign the bottom and return to interpreter agency to file in your personnel record.**

* I have reviewed the presentation, and have asked my agency for any clarification needed;
* I understand and agree to abide with all UCare’s policies and procedures as related to the interpreter services I provide to UCare members;
* All work orders I submit to my agency for interpreter services to UCare members will be complete and accurate;
* I will follow UCare’s policy as it relates to not scheduling my own interpretation appointments unless in direct follow up to the current appointment just completed;
* I will follow UCare’s policy as it relates to submitting time for my interpretive services whether it is for one member or multiple members;
* I will follow all UCare’s policies contained in the presentation, in UCare’s Provider Manual (found on UCare.org), as well as those provided by the State of Minnesota regulatory agencies.

Interpreter’s printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_