Training Acknowledgment Form

***I acknowledge that I have completed the Optum EAP orientation webinar training.***

**Optum New Affiliate Orientation Webinar Date of completion:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_

*(please print)*

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

**Please mail, fax or scan and e-mail signed acknowledgement form to:**

Mail: Fax:

Optum Health Services (Canada) Ltd. 604 432 1555

4727 Hastings Street Email:

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