



**Orange County Physicians IPA Medical Group, Inc.**  
**Db a Noble Community Medical Associates, Inc. of Mid-Orange County**  
C/O HealthSmart Management Services Organizations, Inc.  
Mailing Address: P.O. Box 6300, Cypress, CA 90630-0063  
Live Operator Tel: (714) 947-8600 | Fax: (714) 947-8708

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## Whole Child Model (WCM) Program Training Attestation

**The mandatory training must be completed within ten (10) days of receipt. Please attest below and send back by fax or email.**

To complete the training, please log onto our website at [www.healthsmartmsoc.com](http://www.healthsmartmsoc.com) or [www.noblemidoc.com](http://www.noblemidoc.com) under the Whole Child Model section.

Please click on the Whole Child Model 'tab' to access the page and training.

Date of Completed Training: \_\_\_\_\_

Provider Name (Print Full Name): \_\_\_\_\_

Provider NPI: \_\_\_\_\_

Provider or Office Manager Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Manager (Print Full Name): \_\_\_\_\_

By signing and returning this attestation, the provider office is attesting that all staff who have contact with or support CalOptima and Noble Community Medical Associates, Inc. of Mid Orange County WCM members has completed the training.

**Please fax the attestation to (714) 947-8708 or by email to Chi Wigal at [cwigal@healthsmartmsoc.com](mailto:cwigal@healthsmartmsoc.com).**

We thank you for your continued support.

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