



Commitment to Participate

Culturally and Linguistically Appropriate Services (CLAS) Standards Training Project

Our practice would like to participate in the Culturally and Linguistically Appropriate Services (CLAS) Standards training offered by *gmcfc*. We understand that we will be eligible to receive free consultative services from *gmcfc*, which will assist in the setting of protocols for our practice to ensure the provision of culturally appropriate services for our patients.

We understand that this commitment requires support of both physicians and office staff. We agree to participate in all phases of the cooperative project and to meet the following expectations:

- We agree to complete a practice site self pre-assessment using the CLAS Standards Assessment Tool to evaluate our current level of cultural competency.
- We agree to have at least one physician or other Medicare provider take Themes I and II of the CLAS Standards training, and allow sufficient time for that provider to study and review the materials to ensure a successful completion.
- We agree to have a member of our practice administration take Theme III of the CLAS Standards training, and allow sufficient time to study and review the materials to ensure a successful completion.
- We agree to complete the CLAS Standards post-assessment tool as our last activity for the CLAS Standards training. We understand that we can earn up to nine (9) hours of AMA Category 1 CME credit at no charge to the practice or provider upon successful completion.

By signing, the management of this practice has reviewed this agreement and requirements to ensure that an ongoing commitment can be made throughout the course of this project to its completion.

Practice Representative's Name (Print) _____ E-mail _____

Practice Representative's Signature _____ Date _____

[The Medicare Quality Improvement Organization for Georgia](#)