



## TripSpark Training for Provider Completion Form

I certify that I have completed the required TripSpark training session provided by WellTrans. By signing this form, I am attesting that I understand and can follow the Trip Broker and Provider Mobile transactions that were presented to me during training and that I have received access to the following training materials:

- Trip Broker Process Manual
- Video Snippets of the Following Tasks:
  - Trip Broker Overview
  - Accepting/Declining Trips in Trip Broker
  - Modifying Trips in Trip Broker
  - Documenting No Shows and Door Cancellations in Trip Broker
  - Viewing Detailed Member Information in Trip Broker
  - Running a Claims Report in TripSpark
  - Provider Mobile Overview and Functionality
  - Disability-Sensitivity Training

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

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**STOP**

*(The bottom portion of this form to be completed by WellTrans.)*

**Date Completion Form Received:** \_\_\_\_\_ **Quiz Completion Score:** \_\_\_\_\_

Passed: \_\_\_\_\_ Failed: \_\_\_\_\_

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*(Signature of Director of Training and Corporate Communications)*