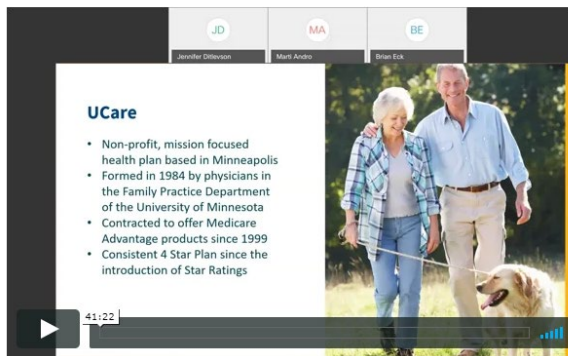




1. Visit this page: https://www.aspirusarise.com/wps/portal/whi/aspirus-arise/home/!ut/p/z1/pVJNb4MwDP0r3WHHyGFAoEdaqc3WCIFtHSWXKYSPZiqBQla2_fqF66oWVfXN8rPfs5-BwQ6Y4idZci1rxQ8mTxj5iCgl1PLxerkiMxxEXkg3c_ocTI2I_wHWG88AyCoKF-ETXjjArve_AwPWCJJBMs1dN7Oxg6aZJZBTEAtxkmaoInGSirM97KQDWijd6D0kfdNNRK10rvQkV-VBdvtHzLtGtl8d4g3scpOWptqdqTyTMajEFyLApp-NQRJD4V2kiAjEJ5n3sFV1W5nDvt64Nx1lcO9kuD7exXeOfxn7BPNq8vN4ZIFxeHD1W8PuBoubalv59g9Sv7MQLeep378VVRw8_AEZJZuu/dz/d5/L2dBISEvZ0FBIS9nQSEh/


2. Watch the Medicare Advantage Training Video:

Medicare Advantage Training Video



[Self-Attestation Form](#)

3. Click the **Self-Attestation Form** link to download the form. The link is located below the video. Preview of form below. You will send this form to:
Attn: Sandra Ferg-Weisner
Fax: 715-843-1246
Email: Sandra.ferg@aspirusarise.com



I, _____, attest that I have viewed the webinar, 2021 Aspirus Medicare
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Advantage Product Training and Certification on _____
(date)

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NPN: _____
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Email address: _____

Fax or email completed form to:
Attn: Sandra Ferg-Weisner
Fax: 715-843-1246
Email: Sandra.ferg@aspirusarise.com

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