

Attestation Confirming Debarment, Suspension, and Exclusion

My signature below is my certification that I have never been convicted of or had a civil judgement rendered against me for commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under public transaction; violation of federal or state antitrust statutes, or destruction of records, making false statements, or receiving stolen property; have never had a professional license revoked or suspended and have never been sanctioned, whether personally or through an entity, by State of Michigan Medicaid or other Healthcare program. I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in Federally Funded Health Care Programs.

I also understand that I am under obligation to report to NCCMH, within 35 days, any convictions of or civil judgement rendered against me for any of the above offenses.

By: _____ Date: _____

Printed Name: _____

Title: _____