Attestation Statement

INSTRUCTIONS: Please complete either **Section A** *or* **Section B** for consideration to participate in the provider network. For any "Yes" response to one or more of the questions in Section B, complete the attached Attestation Question Explanation Form.

This attestation pertains to all employed and contracted provider(s) authorized to provide or supervise care provided by _____ (the "Agency").

I, _____ , the undersigned representative of Agency, on its behalf, understand and agree that as part of the credentialing process for participation in the Health Plan provider network,

Section A

…attest that the Agency has conducted the following on each caregiver prior to allowing each to provide care to a Health Plan member:

☐
- Criminal Background Check *and*;
- State Child Abuse Registry *and*;
- Other State Mandated Clearance Checks

Section B

…assure through a background check and other reasonable means the following with respect to each caregiver providing care and each attendant supervising care on behalf of the Agency:

☐ YES   ☐ NO   1. Have applicable license(s) held by caregiver(s) and/or attendant(s) been revoked, refused, restricted or voluntarily surrendered?

☐ YES   ☐ NO   2. Have caregiver(s) and/or attendant(s) been convicted of, or pled guilty to, a felony?

☐ YES   ☐ NO   3. Has any caregiver or attendant been terminated, suspended, barred, sanctioned or voluntarily withdrawn as part of a settlement agreement, or otherwise excluded from any state or federal health care program?

☐ YES   ☐ NO   4. Is/Are caregiver(s) and/or attendant(s) unable to perform the essential functions of his or her job with reasonable accommodation?

Signature: _____

Print: _____

Title: _____

Date: _____

Tax ID: _____

Attestation Question Explanation Form

Use this form to report any "Yes" response to one or more of the questions on the Attestation Statement. Record the question number in the first column, then your explanation in the second column. If you need additional space to explain a "Yes" response, photocopy this page as needed.

QUESTION #   **EXPLANATION:**

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