

North Country Community Mental Health
a member of and on behalf of
Northern Michigan Regional Entity (NMRE)

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.

Name of Authorized Representative (printed or typed):	Title:
Signature:	Date: