

PROFESSIONAL CREDENTIALING AND LICENSURE OF SUPPORT STAFF

This attestation form is to be completed when there has been a change in utilizing support staff who will be in contact with DDDS Clients in the conduct of consultative examinations purchased by the Division of Disability Determination Services. (RFQ 1432-522, Section C, 2.Application Requirements, b.).

SECTION I. APPLICANT/CONTRACTOR PROVIDING CERTIFICATION

1. CONTRACTOR NAME	2. DATE
3. EFFECTIVE DATES	

SECTION II. ALL SUPPORT STAFF USED IN THE PERFORMANCE OF CONSULTATIVE EXAMINATIONS (CEs)

	Yes	No
<i>Meet the appropriate licensing and certification requirements of the state in which exams take place in.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>		
<i>Is/are not currently excluded, suspended or otherwise barred from participation in Federal programs.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>		
<i>Has not had licensure/certification surrendered while awaiting final determination on formal disciplinary proceedings.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>		
<i>Will immediately notify the Contractor who will notify the DDDS if there is any pending disciplinary action.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>		
<i>Understand that a credentials check will be made upon initial agreement and periodically thereafter by the DDDS.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments</i>		
Additional Comments:		

SECTION III. APPLICANT'S/CONTRACTOR'S DECLARATION

I certify that, to the best of my knowledge and belief, all of the information on this form is correct. I understand I will not be considered to provide consultative examination services if I am unable to certify to the above; and, false certification will be grounds for termination of any resulting agreement to provide services.

CONTRACTOR'S SIGNATURE	DATE
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