



NO CRIMINAL RECORD AND REPORT ATTESTATION

In connection with my application to provide services with DCO, if hired, and/or as DCO Provider, I hereby attest as follows:

I acknowledge that it is my duty to inform DCO if I am charged with and/or convicted of a criminal offense at any time while I am part of the DCO Provider Network. Failure to do so will result in immediate termination of my contract with DCO. Furthermore, I attest that;

- I am not on either the GSA or OIG exclusion lists;
- I am not listed as a violent sexual offender;
- I attest that there are no prior or pending investigations, reviews, sanctions or peer review proceedings; or limitations of any licensure, certification or registration that are required to provide my services to DCO;
- I have never been sanctioned by or suspended from the Medicare or Medicaid program;
- I have never been convicted of, plead guilty to, or plead no contest to any felony;
- I have never been convicted for the use of illegal or controlled substances.

By signing below, I attest that the above statements are true and I understand that falsification of this statement may lead to disciplinary action up to and including termination of my contract with DCO. I have read and fully understand the information on this form.

Provider Candidate / Provider

Authorized Signature

Print Name and Title

Date

CRIMINAL RECORD AND REPORT DISCLOUSE

[illegible]