**<Responder Name> Disclosure of Ownership and Management Information Attestation <MM/DD/YYYY>**

<Responder Name> has researched and compared the names/date of birth/and social security/tax identification numbers of the individuals and entities in the below databases.

Database Most Recent Date of Review (MM/DD/YYYY)

[ ]  OIG List of Excluded Individuals/Entities (LEIE)

[ ]  Excluded Parties List System (EPLS) within the Health &

 Human Services System for Award Management (SAM)

[ ]  National Plan and Provider Enumeration System (NPPES)

[ ]  Social Security Death Master Index (SSDMI)

[ ]  Excluded Provider Lists maintained by the STATE

[ ]  None of the names on <Responder Name>’s report were listed in any of the above databases.

[ ]  The following name(s) was/were identified in one or more of the databases listed above and was confirmed as being the named person by address, date of birth, social security or tax ID number.

**Name** **Address** **Database(s)**

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Signature <Insert Date: MM/DD/YYYY>

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Print Name Title