**<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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