

## **CERTIFICATION STATEMENT FOR SELF-DISCLOSURE**

I am providing this Certification as a required part of a self-disclosure filing with OSC-MFD and I have knowledge of and am authorized to make all statements below on behalf of the submitting person/entity.

To the best of my knowledge, the submitting party is not under audit, investigation or review by OSC-MFD or a Medicaid Managed Care Organization (MCO), or, if it is under audit, investigation or review by OSC-MFD or an MCO, the subject of this self-disclosure does not relate to such audit, investigation or review.

To the best of my knowledge, neither the entity nor any of its owners/employees is the subject of a criminal investigation conducted by federal, state or local law enforcement.

The self-disclosing party instituted or will institute a corrective action plan to address the root cause problem that led to this self-disclosure.

I certify under penalty of perjury that, to the best of my knowledge, the information in this self-disclosure is truthful and is based on a good faith effort to assist the OSC-MFD in its inquiry and verification of the disclosed matter. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment, per R. 1:4-4.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title or Position