

University Employee/Affiliated Individual – Sanction Check Certification

I hereby certify that I (i) am not now nor have I ever been excluded, suspended, debarred or otherwise deemed ineligible to participate in Federal and/or State healthcare programs; and (ii) am not now charged with nor have I ever been convicted of a criminal offense related to the provision of healthcare items or services and have not been reinstated in the healthcare programs after a period of exclusion, suspension, debarment, or ineligibility.

I further acknowledge that I am not now nor have I ever been excluded, suspended, debarred or otherwise deemed ineligible to participate in any and all Federal and or State procurement or other programs.

Name (Please Print): _____

Signature: _____

Date: _____