

## University Vendor – Sanction Check Certification

I /we hereby certify that I/we (i) am/are not now nor have I/we ever been excluded, suspended, debarred or otherwise deemed ineligible to participate in Federal and/or State healthcare programs; and (ii) I/we am/are not now charged with nor have I/we 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/we further acknowledge that I/we am/are not now charged with nor have I/we ever been deemed excluded, suspended, debarred or otherwise deemed ineligible to participate in any and all Federal and or State procurement or other programs.

Business Name (Please Print): \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

Authorized Official's Name (Please Print): \_\_\_\_\_

Title (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_