Affidavit of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(individual)

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONALLY came and appeared before me, the undersigned Notary, the within named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is an individual residing in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,., and hereby affirms and makes this statement and Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

1. My name is \_\_\_\_\_\_\_\_\_\_

2. My address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. My SSN is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

4. My Date of Birth of is \_\_\_\_\_\_\_\_\_\_.

5. I have never lived at \_\_\_\_\_\_\_\_\_\_ (address of records found on similar named individual).

6. I am not currently excluded by the OIG List of Excluded Individuals or Entities list for HHS.

7. I have never been provided a notice from or by the OIG of a potential exclusion or related action.

8. I am aware that my employer has a policy against hiring or contracting with an individual that is excluded from participation in or receiving federal health care funds from any federal or state government or by any state Medicaid Exclusion agency.

9. I have never held a professional license in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

10. I have never been enrolled in Medicaid in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 I am not excluded in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, or any other state

**INSERT APPROPRIATE SWORN STATEMENT LANGUAGE AND NOTARY SEAL**

DATED this \_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Affiant

SWORN to subscribed before me, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_