

NURSING PERSONNEL HOMECARE, INC.

SCREENING OF EXCLUDED INDIVIDUAL/ENTITY

Date: \_\_\_\_/\_\_\_\_/2013

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

*Screening of Excluded Individual*

Nursing Personnel Homecare is required as per our Corporate Integrity Agreement with the New York State Office of the Medicaid Inspector General to routinely search the websites listed below and any other website as determined by the OMIG for excluded or ineligible persons' currently employed, prospective employees or contractors.

NPH will not knowingly employ, contract, or bill for any individual or entity that has been listed as debarred, excluded or is otherwise ineligible for participation in Federal or state health care programs. You are required to report to us if you become excluded, debarred or ineligible to participate in Federal or state health care programs or have been convicted of a criminal offense related to the provision of health care items or services.

1. [www.omig.state.ny.us](http://www.omig.state.ny.us) (OMIG's List's)
2. <http://www.oig.hhs.gov> (HHS/OIG List)
3. <http://www.sam.gov/portal/public/SAM/> (System for Award Management)

Signature: I \_\_\_\_\_, certify that I am not debarred, excluded or is otherwise ineligible for participation in Federal or state health care programs.

Office Use Only:(Human Resources Department)

I certify that I checked the all the sites listed above for the above stated employee/prospective employee/contractor.

Name: \_\_\_\_\_

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