ATTACHMENT D: STATEMENT REGARDING EXCLUSION LISTS

The Applicant must attest that neither the provider nor its staff, contractors, subcontractors, or vendors are on any of the three Excluded Individuals and Entities lists:

- List of Excluded Individuals and Entities (LEIE) [http://oig.hhs.gov/fraud/exclusions.asp](http://oig.hhs.gov/fraud/exclusions.asp);
- System for Award Management (SAM) (formerly Excluded Parties List System (EPLS)) [https://www.sam.gov](https://www.sam.gov);
- Department of Human Services’ Medcheck List [http://www.dhs.state.pa.us/publications/medchecksearch/](http://www.dhs.state.pa.us/publications/medchecksearch/)

I attest that the Applicant meets the above requirement

_________________________________________  __________________________
Authorized Signature                        Date

_________________________________________
Print Name and Title