



SAN MATEO COUNTY HEALTH  
**BEHAVIORAL HEALTH  
 & RECOVERY SERVICES**

**PROVIDER STANDARDS ATTESTATION FORM  
 BHRS Contractor**

FIRST NAME:

LAST NAME:

EMPLOYEE #:

NPI #:

LICENSE/REGISTRATION #:

Please verify compliance with 42 CFR 438.214 by answering the questions listed below. **If the answer to any question is "yes", you will be requested to provide full details on a separate sheet and submit to the San Mateo County Human Resources.**

**QUESTIONS**

|  | YES                      | NO                       | N/A                                 |
|--|--------------------------|--------------------------|-------------------------------------|
| 1. Has your license to practice in any jurisdiction ever been limited, suspended or revoked – or is such action pending or instituted?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Has your license to practice medicine or drug enforcement administration registration in any jurisdiction ever been limited, suspended, or revoked – or is such action pending or instituted? <b>(MD/NP Only)</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Have your privileges at any hospital ever been suspended, diminished, revoked, or not renewed - or is such action pending or instituted? <b>(MD/NP Only)</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Has your specialty board of certification of eligibility ever been denied, revoked, relinquished, not renewed, suspended, or reduced - or is such action pending or instituted?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. Have you registered with the State of California Department of Justice Controlled Substance Utilization Review and Evaluation System (CURES) ? <b>(MD/DO/NP Only)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Have you ever been refused membership on a hospital medical staff? <b>(MD/DO/NP Only)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. Have you ever been convicted of or pleaded guilty to a felony?  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Do you have any condition which impairs your ability to perform any of the position's essential functions, with or without accommodation?   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Do you have any current active participation with illegal drug use?   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

By signing this attestation form, an individual who is an employee with San Mateo County Behavioral Health and Recovery Services attests to the accuracy and completeness of the information provided under penalty of perjury under the laws of the State of California.

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

|       |                    |                                 |
|-------|--------------------|---------------------------------|
| Check | Official Section   | Approved____Terminated_____Date |
|       | Initial Credential | Person Credentialing            |
|       | Recredential       |                                 |