



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

PROVIDER STANDARDS ATTESTATION FORM

☐ BHRS Staff ☐ Contractor Provider

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
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- Has your license to practice in any jurisdiction ever been limited, suspended or revoked – or is such action pending or instituted?
- 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? **(MD/NP Only)**
- Have your privileges at any hospital ever been suspended, diminished, revoked, or not renewed – or is such action pending or instituted **(MD/NP Only)**
- 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?
- Have you registered with the State of California Department of Justice Controlled Substance Utilization Review and Evaluation System (CURES)? **(MD/DO/NP Only)**
- Have you ever been refused membership on a hospital medical staff?
(MD/DO/NP Only)
- Have you ever been convicted of or pleaded guilty to a felony?
- Do you have any condition which impairs your ability to perform any of the position's essential functions, with or without accommodation?
- Do you have any current active participation with illegal drug use?

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:

	BHRS Official Section	Approved	Terminated	Date
	Initial Credential	Person Credentialing:		
	Recredential	Person Recredentialing:		