Form HR35000

CERTIFICATION AND VERIFICATION OF FEDERAL PROGRAM EXCLUSION

MICHIGAN MEDICINE AND MEDICAL SCHOOL STAFF HIRES ONLY

UNIVERSITY OF MICHIGAN

In accordance with Federal regulations, Michigan Medicine is required to have each employee sign a statement indicating if he/she has been subject to sanctions or department suspension or exclusion under any Medicare, Medicaid or any other Federal agency or program or is otherwise prohibited from providing services to beneficiaries of these programs.

CERTIFICATION

☐ I, hereby certify that I have not been excluded from participation as a provider, supplier or employee of a provider or supplier in the Medicare, Medicaid, or any other Federal health care program.

I further agree to provide Michigan Medicine immediate written notice should I become excluded from any Federal health care program any time during my employment.

☐ Check here if you have been excluded and list full details below.

Last Name:	First Name:	Middle Name:
UMID:		
Signature:		Date:

Please provide details regarding exclusion in the space provided below. (Attach additional pages, if necessary.)

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