

Disclosure
Criminal Attestation

Legal First Name: _____ Legal Last Name: _____

Provider Type: Individual

Please answer the following questions as of the current date:

1. Have you personally been convicted of fraud related to Medicare, Medicaid or Title XX programs? NO YES

If you answered YES, please provide details:

2. Have you personally been convicted of a criminal offense related to Medicare, Medicaid or Title XX programs? NO YES

If you answered YES, please provide details:

You will be required to submit to a background check to be completed in accordance with TCA 33-2-1202. Any offer of employment is contingent upon successfully passing the criminal background check. To pass the background check, you must not have a case of abuse, neglect, mistreatment or exploitation in your background. Furthermore, per TCA 33-2-1202, you must list any prior conviction by any local, state, federal or military court of any felony or any other conviction involving sexual crimes, including but not limited to rape, sexual assault, sexual battery, exhibitionism, voyeurism, or any attempt to commit any of such sexual crimes: homicide or attempted homicide; felonious assault or attempted felonious assault; unlawful breaking or entering; robbery; burglary; theft; or arson. Also, if you are required to register, or have registered with the registry of sexual offenders in accordance with TCA 38-6-110, you must disclose such information.

Please list any prior convictions or information regarding the registry of sexual offenders below:

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APPLICANT’S STATEMENT

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all matters contained in this application and I understand that misrepresentations, omissions of fact or incomplete information requested in this application may remove me from further consideration for employment.

Applicant Signature:	Date:
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It is the policy of the Department of Finance and Administration to ensure compliance with Title VI of the Civil Rights Act of 1964; 49 CFR Part 26, related statutes and regulations to the end that no person shall be excluded from participation in or be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance on the grounds of race, color, or national origin.

BACKGROUND AND REGISTRY CHECKS COMPLETED BY PPL

PPL conducts checks of all registries listed below on the Provider applicant.

- Tennessee Sexual Offender Registry
- National Sexual Offender Registry
- Tennessee Felony Offender Registry
- Tennessee Health Abuse Registry
- OIG List of Excluded Individuals/Entities
- Kroll Criminal Background Check