



CRIMINAL OFFENSES STATEMENTS (FOR INDIVIDUAL PROVIDERS ONLY)

Item I. Identifying Information			
<p>(a) Name of Individual: _____</p> <p>(b) Social Security Number (SSN): _____</p> <p>(c) Date of Birth: _____ (MM/DD/YYYY)</p>			
Item II. Criminal Offenses <i>(Reference-42CFR, Part 455.106 and SSA 1124)</i>			
(a) List the name, title, SSN and address of each officer and/or individual who has ownership or control interest in the disclosing entity, or is an agent or managing employee of the disclosing entity and has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid or the Title XXI services program at any time since the inception of those programs.			
Name	Title	Address	SSN (or TIN in organization)
(b) List the name, title, SSN and address of any individual who has an ownership or control interest in the disclosing entity and has been suspended or debarred from participation in Medicare, Medicaid or Title XXI program since the inception of those programs.			
Name	Title	Address	SSN
I affirm under penalty of law that the information I have provided for this form is true, accurate and complete to the best of my knowledge.			
_____		_____	
Print Name of Authorized Representative		Title	
_____		_____	
Signature of Authorized Representative		Date	

Instruction for Criminal Offenses Statements

II. (a) Criminal Offenses

Agent means a person who has been delegated the authority to obligate or act on behalf of the entity.

Managing employee means a general manager, business manager, administrator, director or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day to day operation of the disclosing entity.