

Attachment A

Application for Patient Decision Aid Certification: Applicant Debarment, Suspension and Exclusion Checklist

Complete this section by checking yes or no for each question. A response is required.
If you answered "yes" to any of the questions in Section A, complete Section B.

A. Has the applicant organization, project lead(s) or any team member:	Yes	No
1. Had exclusion under Medicare, Medicaid or any other federal health care program taken against them?	<input type="checkbox"/>	<input type="checkbox"/>
2. Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act?	<input type="checkbox"/>	<input type="checkbox"/>
3. Had a restriction or sanction imposed on their professional license accreditation or certification?	<input type="checkbox"/>	<input type="checkbox"/>
4. Had a program exclusion taken against them? More info: http://exclusions.oig.hhs.gov and https://www.sam.gov	<input type="checkbox"/>	<input type="checkbox"/>
5. Been convicted of any health-related crimes as defined by the Washington State Department of Health? RCW 18.130.180; and WAC 246-16.	<input type="checkbox"/>	<input type="checkbox"/>
6. Been convicted of a criminal offense as described in Section 1128A of the Social Security Act?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of the questions listed under Section A:
Report final adverse legal action history, including each final legal adverse action, when it occurred, the federal or state agency or the court/administrative body that imposed the action, and the resolution, if any. Attach a copy of the relevant final legal adverse action documents.

Final Adverse Legal Action	Date	Taken by	Resolution

Attachment B

Application for Patient Decision Aid Certification: Conflict of Interest Disclosure

All team members must disclose any potential sources of conflict of interest. Any interest, financial or otherwise, that might be perceived as influencing a team member's objectivity is considered a potential source of conflict of interest. This must be disclosed when directly relevant or indirectly related to the content of the decision aid under review. Potential sources of conflict of interest include but are not limited to patent or stock ownership, membership of an organizational board of directors, membership of an advisory board or committee for an organization or group, and consultancy for or receipt of speaker's fees from an organization or group. The existence of a conflict of interest does not preclude consideration of a decision aid for certification, but it must be disclosed. Failure to disclose may result in loss of certification.

If the team members have no conflict of interest to declare, they must also state this using this form. It is responsibility of the decision aid developer lead to review this policy with all team members, and to assure all members fully and accurately complete this form. This requirement may be met by having all team members submit one form, or by submitting multiple forms.

Do you or any of your team members have a conflict of interest to declare?

YES

NO

If yes, please have the relevant team member(s) provide their name and details below:

I certify that the information given above is complete and accurate.

Developer Lead

Name: _____ Signature: _____ Date: _____

Team Member

Name: _____ Signature: _____ Date: _____