

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