**PRACTICE SITE ATTESTATION**

**Dirigo Health Agency**

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| **VENDOR INFORMATION** | | | | |
| **Company Name** | **Tax ID** | **State of Maine Contract Number** | | |
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| **Contact Person – First Name** *for questions about this registration* | **Last Name** | **Telephone** | **Email** | |
|  |  |  |  | |
| **Address (Street)** | **City** | **State** | | **ZIP code** |
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| As part of the registration process, the Designated Vendor must provide the following information:   1. Attestation *(see below)* from the authorizing representative of the practice site indicating that the practice site:  * has signed a contract with the above Designated Vendor; * has agreed to have practice site level and aggregate survey results shared with Dirigo Health Agency prior to submission to the CAHPS Database as a condition of second subsidy payment; * has agreed to allow the Designated Vendor to submit survey data to the CAHPS Database on its behalf in accordance to CAHPS specifications; and * will execute a Data Use Agreement with CAHPS providing access to survey data by Dirigo Health Agency for public reporting;  1. A list of each practice site by name and size that corresponds with those identified in the contract between the practice site owner and the Designated Vendor. |

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| **ATTESTATION** *(to be signed by authorized representative of practice site)* |

I, click here to enter name of authorized representative, on behalf of the attached practice sites,   
have entered into a contract with click here to enter name of designated vendor.

This is to attest that the practice sites listed on the attached registration form:

* are included in a contract with the above Designated Vendor;
* have agreed to have practice site level and aggregate survey results shared with Dirigo Health Agency prior to submission to the CAHPS Database as a condition of second subsidy payment;
* have agreed to allow the Designated Vendor to submit survey data to the CAHPS Database on its behalf in accordance to CAHPS specifications;
* will execute a Data Use Agreement with CAHPS providing access to survey data by Dirigo Health Agency for public reporting;

Signature: 

*(insert electronic signature of authorized representative in space above)*

Name: click here to enter name of authorized representative

Title: click here to enter title of authorized representative

Name of Organization: click here to enter organization

Date: click here to enter date

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| **To complete registration:** |  |  |  |  |  |  |  |
| **Submit signed Attestation.**  **Submit Registration Form identifying each practice site included under each Attestation.**  **Email to:** [**jmackenzie@usm.maine.edu**](mailto:jmackenzie@usm.maine.edu?subject=Attestation%20and%20Registration%20Form%20Submission) | | | | | | | |

**For questions about the Attestation form or registration process, contact Jennifer MacKenzie, (207) 780-4525, or** [**jmackenzie@usm.maine.edu**](mailto:jmackenzie@usm.maine.edu?subject=Question%20about%20Registration%20or%20Attestation)