

Fixed Term Travel Employee Disclosure Certification Form

Agency Name: _____

Reporting Year: 2019

I hereby certify that, to the best of my knowledge and belief, the Fixed Term Travel Employee Disclosure information filed with the Center for Health Information and Analysis for 2019 is true, accurate, and complete, and prepared in accordance with applicable instructions and regulations. Further, the information contained in this submission is prepared from the books and records of this agency, except where otherwise noted.

This certification is signed under pains and penalties of perjury.

Signature of Owner, Officer, or

Partner _____

Print Name and

Title _____

Date _____

Please send a completed electronic version of this form to:
CHIA.data@state.ma.us . If you have questions regarding the submission of this information, please email chia.data@state.ma.us or contact CHIA's Pricing Cost Report Helpdesk at (617) 701-8156