



Providing Support-for-Service to Health Care Practitioners

SHARP-I – Site Application – Attestation Page

Site Application Due Date: December 22nd, 2014, at 5:00 pm

Authorized Site Representative (CEO or Site-Authorized Administrator):

_____ (initials) As an authorized site (agency) representative, I certify via my signature here that all data contained in any SHARP-I Site Application are accurate and can be substantiated by a record review.

_____ (initials) If our agency has previously submitted a SHARP-I Site Application, I hereby request that our prior Site Application be again used as our current submission in this current Fall 2014 solicitation.

_____ (initials) I recognize and accept that if (any) practitioner(s) who are working for our agency (Site) are admitted to this SHARP-I program option, then there will be a 25% required employer match that will be invoiced on a quarterly basis. I understand that the payment details of this employer match will be specified in the require Memorandum of Agreement service contract. The MOA is presented for final consideration to both the Site and Practitioner for potential signatures before service-credit begins.

_____ (initials) I recognize and accept that if our Site is found basically eligible for participation in the SHARP-I Fall 2014 opportunity, then we will receive request for further data and attestation following eligibility determination. That data request will mostly center on projected future workload of the practitioner(s) who are being considered. Those data will be due upon request during the period: 12/23/14 – 1/5/15.

Site Representative's Name – Print

Site Representatives Signature & Date

Site (Agency): _____

Representative's email: _____

Representative's phone: _____

[Print this form, sign, and then send to SHARP Program via emailed attachment]

[Send to attention of: Robert.sewell@alaska.gov]