



HEALTH POLICY COMMISSION REGISTRATION OF PROVIDER ORGANIZATIONS PROGRAM

Affidavit of Truthfulness and Proper Submission

We, the undersigned, as duly authorized representatives of _____, certify that:

1. We have read the Health Policy Commission's regulation, 958 CMR 6.00: *Registration of Provider Organizations*, and the current Data Submission Manual.
2. We have submitted a completed application for registration on behalf of the organization indicated above in accordance with 958 CMR 6.05 and the current Data Submission Manual, and the information presented is true, accurate, and complete.

Signed on the _____ day of _____, 20_____.

Signature: _____

Name: _____

Title: _____

Signature: _____

Name: _____

Title: _____

Per Regulation 958 CMR 6.00 the Application for Registration shall be certified by two duly authorized representatives of the Provider Organization, one of whom shall be the Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, or equivalent.