ATTACHMENT I

REHABILITATION PROVIDER CERTIFICATION FORM

NAME _____

ADDRESS _____

TELEPHONE #_____TAX I.D.#_____

NATURE OF BUSINESS _____

BUSINESS ORGANIZATION_____
(sole proprietorship, partnership, corporation)

PRINCIPAL SERVICES _____

SPECIALTIES _____

OTHER BUSINESS LOCATIONS_____

ATTACHMENT II

AFFIDAVIT OF COMPLIANCE

1. Corporation

I, _____, _____
name of officer position of officer

of _____whose principal office is located at:
name of corporation

_____
address of corporation

do hereby certify that the above-named corporation has filed with the State Secretary all certificates and annual reports required by Chapter 156B, Section 109 (business corporation), by Section 4 (foreign corporation), or by Chapter 180, Section 26A (non-profit corporation) of the Massachusetts General Laws and has complied with all laws of the Commonwealth relating to taxes.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY this____day of _____, 20____

by _____
signature of authorized corporate officer

****

2. Unincorporated Entity

_____ Proprietorship _____ Partnership

I, _____, of_____
name of proprietor/partner name of proprietorship/partnership

located at_____
address of proprietorship/partnership

do hereby certify that the above-named business has filed with the Office of the Clerk in the appropriate city or town within the Commonwealth all certificates, has paid all fees required by Chapter 110, Section 5 of Massachusetts General Laws and has complied with all laws of the Commonwealth relating to taxes.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY this____day of _____, 20____

by _____
signature of proprietor/partner

ATTACHMENT III
AFFIDAVIT OF QUALIFICATIONS

I,_____, as_____
name position

of_____, whose principal place of business is

located at_____
address of business organization

do hereby certify that the following _____individuals are credentialed in
number

accordance with the provisions of 452 CMR 4.03 to provide vocational

rehabilitation services pursuant to M.G.L. c. 152, as demonstrated by the

attached **curriculum vitae, certifications and licenses.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY this____day of

_____, 20____

by _____
signature of authorized corporate officer/proprietor/partner