



**EMPLOYER ATTESTATION**

I hereby verify, under penalty of perjury, that \_\_\_\_\_ has not paid a recruitment fee to the Maryland Department of Health or, to the best of my knowledge, to a recruitment service for employment referrals originating with the Maryland Department of Health's Office of Population Health Improvement.

\_\_\_\_\_  
(President/CEO)

\_\_\_\_\_  
Date

Subscribe and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_