

EMPLOYER ATTESTATION

I hereby verify, under penalty of perjury, that		has not	has not paid a	
recruitment fee to the Maryland Departm	nent of Health or, to	the best of my knowledg	e, to a	
recruitment service for employment refer	rrals originating with	the Maryland Departme	nt of Health's	
Office of Population Health Improvement	. .			
(Dua-id-ut-(CEO)				
(President/CEO)	Date			
Subscribe and sworn before me this	day of	20		
Notary Public				
My Commission Expires:				