WV Birth to Three Assurance Form

Practitioner Name: _____

Payee Agency: _____

_____

1. Have you ever been terminated, denied enrollment, suspended, restricted by agreement or otherwise sanctioned by Medicare, Medicaid, or any federal programs in any state? _____ NO _____ YES

_____

2. Have there been any incidents where notice of program deficiency resulted in voluntary withdrawal? _____ NO _____ YES, explain:

_____
_____
_____

3. Has your license ever been revoked, suspended, surrendered, or in any way restricted by probation or agreement by any licensing certification authority in any state? _____ NO _____ YES, explain:

_____
_____
_____

4. Is there any proceeding currently pending to revoke, suspend, censure, or restrict by probation or agreement your license certification in West Virginia or in any state? _____ NO _____ YES, explain:

_____
_____
_____

Practitioner Signature: _____ Date: _____