PERMISSIVE EXCLUSION ATTESTATION

If a “Yes” was answered for a permissive exclusion on the credentialing attestation, please respond with the following information: **1)** The date of each conviction, **2)** Type of each conviction and **3)** Facts for the conduct involved for each conviction.

In accordance with 1128 (42 USC 1320a-7) and Section 1101(6), The Secretary of State could make the determination to change a permissive exclusion to a mandatory exclusion. If The Secretary of State makes this determination a notification will be issued to the individual.

I hereby attest that I will immediately notify BH Credentialing Manager at [BHQA@sonoma-county.org](mailto:BHQA@sonoma-county.org), if I am notified that I have been excluded from state health programs and/or Medicare.

**Signature:**  **\_\_\_\_\_\_\_\_\_\_**  **Date:**

**Printed Name: \_\_\_\_\_**