

New York State Department of Health
Temporary Health Care Services Agencies and Health Care Technology Platforms
Quarterly Reporting Attestation Form

Instructions: Enter the required information in the boxes below, sign, date, and save before submitting the form via SendVault as part of your Quarterly Report Package. Requirements and instructions for the Quarterly Reporting Package can be found on the Department’s website: https://www.health.ny.gov/facilities/staffing_agency/

Questions may be sent to TempAgencyRegistration@health.ny.gov

A. Identify your Temporary Health Care Services Agency (“Agency”).

Agency TA # _____ (this is the Department of Health-assigned unique identifier for your Agency.)

Agency Name _____

B. Attestation.

Consistent with Article 29-K of the Public Health Law (“Registration of Temporary Health Care Services Agencies and Health Care Technology Platforms”), the individual identified below is authorized by the above-named Agency to submit quarterly reporting information and attests that the information submitted is true, accurate, and complete to the best of their knowledge. The information collected will be used to maintain the Agency’s registration as a temporary health care services agency in New York State.

I understand that any falsification, omission, or concealment of information may subject the above-named agency and/or its controlling person(s) to administrative, civil, or criminal liability, penalties, and/or fines.

Name _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Email _____

Signature _____ Date _____