

**Due to mailing and processing times, we encourage you to answer the following questions and send them in addition to your Renewal Form on or after June 20<sup>th</sup>, 2012, to avoid a possible deficiency.**

**Renewal - Individual**

As required by Section 456.0635(2), Florida Statutes, please answer YES or NO to the following questions below. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

Department of Health  
Division of Medical Quality Assurance  
Bureau of Operations  
4052 Bald Cypress Way, Bin #C-10  
Tallahassee, FL 32399-3260

1.  Yes  No

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar offense(s) in another state or jurisdiction? **(If you responded "NO", skip to Question #2)**

- a.  Yes  No

Are you currently enrolled in a drug court program for a felony offense that resulted in the plea being withdrawn or charges dismissed? (If "yes", please provide supporting documentation)

2.  Yes  No

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

3.  Yes  No

On or after July 1, 2009, have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

4.  Yes  No

On or after July 1, 2009, have you been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

5.  Yes  No

Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?