

SELF CERTIFICATION OF LICENSING COMPLIANCE

Please print:

Provider/Site Name:	Facility Number
Address: _____ (Street) (City) (ZIP Code)	
Name of Authorized Representative Completing this Form:	Title:
E-mail:	Telephone Number:

SELF-CERTIFICATION OF LICENSING COMPLIANCE

Has your site experienced any of these licensing actions in the **past 12 months**?

- | | | |
|--|------------------------------|-----------------------------|
| 1) A non-compliance conference..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) An administrative action taken (or is in the process of being taken)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) A probationary license..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

By completing and submitting this form, I am stating my intent to fully participate in Quality Start Los Angeles. I certify that, to the best of my knowledge and belief, the information reported in this form is true and correct.

Signature: _____

Date: _____