

# SELF CERTIFICATION OF LICENSING COMPLIANCE

*Please print:*

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

## 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:** \_\_\_\_\_