



**NEW JERSEY CRIMINAL BACKGROUND CHECK ATTESTATION**

Practitioner Name: \_\_\_\_\_

TIN: \_\_\_\_\_ NPI: \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Under penalty of perjury, I hereby swear or affirm that I meet the requirements for qualifying for employment in regards to the background screening standards set forth in N.J.S.A. 45:1-30 et seq. requiring a criminal history background check as a health care professional. In addition, I agree to immediately inform LIBERTY Dental Plan if arrested or convicted of any of the disqualifying offenses during the application process and after being accepted to the provider network as a participating provider.

By signing below, I hereby swear or affirm that my organization is in compliance with the state required criminal history background screening requirements. A criminal history check and/background investigation has been completed for prospective employees/providers, employees or volunteers. Any subcontractor, employee or volunteer having direct physical access to members and a disqualifying offense are prohibited from providing services as set forth by N.J.S.A. section 3 of P.L.2002, c.104 (C.45:1-30) or section 7 P.L.1997, c.100 (C.45:11-24.3). Upon request, verification of compliance will be shared with a LIBERTY Dental Plan representative during the monitoring visit.

**SIGNATURE IS REQUIRED TO AFFIRM YOU MEET STATE REQUIREMENTS:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Owner/Registered/Authorized Agent Name:** **Date:**

\_\_\_\_\_  
**Owner/Registered/Authorized Agent Signature:** **Title:**

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_