



**NON-EMPLOYEE DECLARATION**

**Students**

I, \_\_\_\_\_, declare and affirm under penalty of perjury, that:  
[print name]

- 1. I am a student participating in a student program at one of the Hospitals, facilities or clinical sites of University Hospitals Health System, Inc., and/or one of its wholly owned entities (collectively referred in this declaration as "UH").
- 2. I am in good standing and meet all requirements of my Sponsoring Program, which apply to the nature and scope of the services I will provide while rotating at a UH clinical site.
- 3. I am not currently and have never been excluded, suspended, debarred or otherwise ineligible to participate in any federal or state healthcare program, nor has my participation ever been limited, restricted, modified or otherwise sanctioned.
- 4. To the best of my knowledge, I have never been listed on: (i) the Department of Health and Human Services Office of Inspector General List of Excluded Individuals and Entities; or (ii) the General Services Administration's List of Parties Excluded from Federal Programs; or (iii) the Department of Treasury's Terrorism Sanction List.

5. Check One:

I am not currently and have never been convicted of any criminal offense (other than a minor traffic violation) in any state or federal court, nor has any such conviction been expunged.

or

I have been convicted or plead no contest to the following offense(s):

\_\_\_\_\_  
\_\_\_\_\_.

6. If at any time during the term of this Declaration, any of the above statements are not true and correct, I will immediately notify UH to that effect.

I swear and/or affirm that the statements are true and correct. I understand that any incorrect information will be grounds for my immediate termination from participation in the program at UH.

\_\_\_\_\_  
Student Signature\*

\_\_\_\_\_  
Date

\*If Student is a minor

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
School

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship