

Student Ineligibility Certification

I certify that I am not currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or in the Federal procurement or non-procurement programs.

Print Name

Signature

Date

Training Certification

I certify that on _____(date) I received training on the IH Corporate Integrity Agreement, the IH Compliance Plan, the IH Business and Professional Standards of Conduct and the IH Disclosure Program.

Please Print Name

Signature

Date