

VUMC Office of Healthcare Compliance

Attestation for Monthly Exclusion Screening

I attest that a monthly screening of all vendors/contractors pursuant to VUMC's Exclusion Screening policy has been performed by this office against the following databases:

- HHS OIG List of Excluded Individuals/Entities;
- System for Award Management (SAM) List of Parties Excluded from Federal Programs (formerly GSA's Excluded Provider List Service or EPLS;)
- TennCare and all accessible state lists of terminated providers; and
- Other appropriate debarment/excluded lists.

Department/Office: _____

Month/Year: _____

Signature: _____