

**REPORT D1:  
DATA CERTIFICATION AND VALIDATION  
SIGNATURE FORM**

Name of MHO: \_\_\_\_\_

Report due within 30 days of effective date of this Agreement, and immediately following any changes.

Contractor, or designee, must attest, based on best knowledge, information and belief, to the accuracy, completeness and truthfulness of the Encounter data and/or information submitted to DHS.

Signature, full name and title of the person(s) with authorization to certify the Encounter data and information submitted to DHS.

_____ Authorized Signature	_____ Authorized Signature
_____ Name (please print)	_____ Name (please print)
_____ Title	_____ Title
_____ Telephone Number	_____ Telephone Number
_____ Authorized Signature	_____ Authorized Signature
_____ Name (please print)	_____ Name (please print)
_____ Title	_____ Title
_____ Telephone Number	_____ Telephone Number