

Name (printed): _____ **Individual NPI:** _____

As an individual provider enrolling to provide 1915(i) services under the North Dakota Medicaid Program, I attest to the following:

1. I have been convicted of a direct-bearing **felony listed below:**

Murder, N.D.C.C. 12.1-16-01

Manslaughter, N.D.C.C. 12.1-16-02

Negligent Homicide, N.D.C.C. 12.1-16-03

Simple Assault, N.D.C.C. 12.1-17-01

Assault, N.D.C.C. 12.1-17-01.1

Aggravated Assault, N.D.C.C. 12.1-17-02

Domestic Violence, N.D.C.C. 12.1-17-01.2

Reckless Endangerment, N.D.C.C. 12.1-17-03

Terrorizing, N.D.C.C. 12.1-17-04

Stalking, 12.1-17-07.1

Kidnapping, N.D.C.C. 12.1-18

Felonious Restraint, N.D.C.C. 12.1-18-02

Gross sexual imposition, N.D.C.C. 12.1-20-03

Continuous sexual abuse of a child, N.D.C.C. 12.1-20-03.1

Sexual imposition, N.D.C.C. 12.1-20-04

Corruption or solicitation of minors, N.D.C.C. 12.1-20-05

Luring minors by computer or other electronic means, N.D.C.C. 12.1-20-05.1

Sexual abuse of wards, N.D.C.C. 12.1-20-06

Sexual assault, N.D.C.C. 12.1-20-07

Indecent Exposure, N.D.C.C. 12.1-20-12.1

Surreptitious intrusion, N.D.C.C. 12.1-20-12.2

Sexual extortion, N.D.C.C. 12.1-20-12.3

Sexual performances by children, N.D.C.C. chapter 12.1-27.2 offenses

Robbery, N.D.C.C. 12.1-22-01

Burglary, N.D.C.C. 12.1-22-02

Criminal Trespass, N.D.C.C. 12.1-22-03

Theft, N.D.C.C. 12.1-23-05 and related statutes under chapter 12.1-23-05

Promoting prostitution, N.D.C.C. 12.1-29-01

Facilitating prostitution, N.D.C.C. 12.1-29-02

Trafficking an individual, N.D.C.C. 12.1-41-02

Force labor, N.D.C.C. 12.1-41-03

Sexual servitude or activity, N.D.C.C. 12.1-41-04

Patronizing a minor for commercial sexual activity, N.D.C.C. 12.1-41-06

Corruption or solicitation of minors, N.D.C.C. 12.1-20-05

Endangering an eligible adult, N.D.C.C. 12.1-31-07

Exploitation of an eligible adult, N.D.C.C. 12.1-31-07.1

Fraudulent insurance acts, N.D.C.C. 26.1-02.1-02.1

Unauthorized use of personal identifying information, N.D.C.C. 12.1-23-11

Forgery or Counterfeiting, N.D.C.C. 12.1-24-01

Deceptive writings, N.D.C.C. 12.1-24-03

Human trafficking, N.D.C.C. 12.1-41-02, or

Any felony offense under the laws of this or another jurisdiction which requires proof of substantially similar elements as required for conviction under any of the enumerated North Dakota statutes.

2. I have been convicted of a felony that is not described above.
3. I have never been convicted of a felony.

Health & Human Services

If you checked Box 1., identify the offense(s) information below:

*If more than 3 felonies, attach a page listing additional offenses and dates.

Name of Felony	Date of Felony Conviction	Date of final discharge or release from any term of probation, parole, or other form of community corrections, or imprisonment

If you checked Box 2., identify the offense(s) information below:

*If more than 3 felonies, attach a page listing additional offenses and dates.

Name of Felony	Date of Felony Conviction	Date of final discharge or release from any term of probation, parole, or other form of community corrections, or imprisonment

I acknowledge that it is my responsibility to immediately notify North Dakota Medicaid of any felony convictions. Notification must be made to Noridian at:

NDMedicaidEnrollment@noridian.com and must include name, North Dakota Medicaid ID or NPI, the date of the conviction, the name of the offense, and the date of final discharge or release from any term of probation, parole or other form of community corrections or imprisonment, if known.

Signature of Enrolling Individual

Signature Date

Attestation must be signed, dated, and returned by email to NDMedicaidEnrollment@noridian.com or by fax to (701) 433-5956.

For questions concerning Provider Enrollment, please contact (877) 438-7098 (toll-free) or (701) 328-7098. Live support 8 a.m. – 5 p.m. CT, Monday – Friday.