

1915(i) PRACTITIONER ATTESTATION

**Practitioner Name (printed):** \_\_\_\_\_ **Practitioner NPI:** \_\_\_\_\_

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

1. I have been convicted of a felony, class A misdemeanor or class B misdemeanor as described in North Dakota Century Code chapter 12.1-16, homicide; 12.1-17, assaults - threats - coercion - harassment; 12.1-18, kidnapping; 12.1-27.2, sexual performances by children; or 12.1-41, Uniform Act on Prevention of and Remedies for Human Trafficking; in North Dakota Century Code section 12.1-20-03, gross sexual imposition; 12.1-20-03.1, continuous sexual abuse of a child; 12.1-20-04, sexual imposition; 12.1-20-05, corruption or solicitation of minors; 12.1-20-06, sexual abuse of wards; 12.1-20-06.1, sexual exploitation by therapist; 12.1-20-07, sexual assault; 12.1-22-01, robbery; 12.1-22-02, burglary, if a class B felony under subdivision b of subsection 2 of that section; 12.1-29-01, promoting prostitution; 12.1-29-02, facilitating prostitution; 12.1-31-05, child procurement; 12.1-31-07, endangering a vulnerable adult; 12.1-31-07.1, exploitation of a vulnerable adult; subsection 1 of section 26.1-02.1-02.1 of North Dakota Century Code, fraudulent insurance acts; or an offense under the laws of another jurisdiction which requires proof of substantially similar elements as required for conviction under any of the enumerated North Dakota statutes.

**\*\*For descriptions of the above offenses, see [Appendix A 1915i Criminal Offenses](#)**

If yes to question 1, identify the offense(s) information below:

\*If more than 2 felonies/misdemeanors, attach a page listed additional name and dates.

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

**PRACTITIONER ATTESTATION**  
**1915(i) Services**

2. If you checked Yes for the first box, have you been convicted of any other felonies, class A misdemeanors or class B misdemeanors, not listed above.

If yes to question 2, identify the offense(s) information below:

\*If more than 1 felony/misdemeanor, attach a page listing additional names and dates.

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

3. I have never been convicted of any of the offenses described in question 1 or 2.

I acknowledge that it is my responsibility to immediately notify North Dakota Medicaid of any felony, class A misdemeanor or class B misdemeanor convictions. Notification must be made to Noridian at: [NDMedicaidEnrollment@noridian.com](mailto: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 Practitioner

\_\_\_\_\_  
Signature Date

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

For questions concerning your application, please contact Noridian at (701) 277-6999.  
Live support 9 a.m. - 3 p.m. CT, Monday – Friday. After hours voicemail available.