

ATTESTATION REGARDING STAFFING RATIO

In accordance with the Acute Psychiatric Inpatient Contract and staffing requirements outlined in Exhibit A – Statement of Work/Service Exhibit(s), I, the undersigned certify that _____ meet the staffing requirement as required by WIC and CCR. Our staff shall be qualified and shall possess all appropriate licenses in accordance with WIC Sections 14718 and all other applicable requirements of the California Business and Professions Code, WIC, CCR and State Policy Letters, and function within the scope of practice as dictated by licensing boards/bodies.

I further certify as the official responsible for the administration of _____, (hereafter “Contractor”) that we shall have available and shall provide upon request to authorized representatives of County, a list of all persons by name, title, professional degree, and experience, who are providing any services under the agreement.

I understand and certify that we meet the staffing requirements as required by WIC and CCR.

Name of certifying official _____
Please print name

Title of certifying official _____
Please print title

Signature of authorized official _____ Date _____