

**MD or DO BOARD CERTIFICATION ATTESTATION**

I, \_\_\_\_\_ as a Medical Doctor (MD) or Doctor of Osteopathy (DO) applying to join New Directions Behavioral, Health, LLC's, ("New Directions") behavioral health network ("Network"), attest that I have read and understand my responsibilities provided in this Attestation and agree to the terms below:

1. Provider agrees that, upon entering into a Participating Provider Agreement ("Agreement") with New Directions to join the Network, Provider will seek to attain the appropriate board certification and provide proof of such certification to New Directions.
2. Provider agrees that, upon entering into an Agreement with New Directions to join the Network, Provider will seek to attain board certification within two (2) consecutive testing periods following the completion of one's residency program (e.g., residency completed July 2022, then successful board certification by the September 2023 testing).
3. Provider acknowledges that, upon entering into an Agreement with New Directions to join the Network, failure of Provider to complete these requirements within the specified timeframes can result in termination of the Agreement.
4. Provider acknowledges that any information provided in connection with this Attestation and subsequently found to be untrue and/or incorrect, can result in denial of the application or termination of the Agreement.

**I hereby certify and attest, by my signature, that all the information above is true and accurate, and that I will cooperate with New Directions during any audit to verify that I meet the above.**

**Provider Name (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_