

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

Assisting the commission of or causing death by suicide, N.D.C.C. 12.1-16-04

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

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

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

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

Domestic Terrorism, N.D.C.C. 12.1-17-04.1

Stalking, 12.1-17-07.1

Killing or injury of law enforcement support animal, if a class C felony under subsection 1, N.D.C.C. 12.1-17-09

Contact by bodily fluids or excrement, if a class C felony under subsection 3, N.D.C.C. 12.1-17-11

Assault or homicide while fleeing a peace officer, N.D.C.C. 12.1-17-12

Forced or coerced abortion, if a class C felony under subsection 2, N.D.C.C. 12.1-17-14

Kidnapping, N.D.C.C. 12.1-18-01

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

Removal of child from state in violation of custody decree, N.D.C.C. 12.1-18-05

Use of a minor in a sexual performance, N.D.C.C. 12.1-27.2-02

Promoting or directing an obscene sexual performance by a minor, N.D.C.C. 12.1-27.2-03

Promoting or directing an obscene sexual performance by a minor, N.D.C.C. 12.1-27.2-03

Promoting a sexual performance by a minor, N.D.C.C. 12.1-27.2-04

Possession of certain materials prohibited, N.D.C.C. 12.1-27.2-04.1

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 victim of sexual servitude, N.D.C.C. 12.1-41-05

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

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, if a class C felony under subsection 2 or subsection 3, N.D.C.C. 12.1-20-05

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

Sexual exploitation by therapist, N.D.C.C. 12.1-20-06.1

Sexual assault; as defined under subsection 2(a), N.D.C.C. 12.1-20-07

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

Burglary, if a class B felony under subdivision b of subsection 2, N.D.C.C. 12.1-22-02

Unauthorized use of personal identifying information, if a felony under subsection 2, or if it is a second offense felony under subsection 3, N.D.C.C. 12.1-23-11

Forgery or counterfeiting, if a felony under subsection 2(a) or 2(b), N.D.C.C. 12.1-24-01

Deceptive writings, if a felony under subsection 2(a) or 2(b), N.D.C.C. 12.1-24-03

Promoting prostitution, if a class C felony under subsection 2, N.D.C.C. 12.1-29-01

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

Child procurement, N.D.C.C. 12.1-31-05

Endangering a vulnerable adult, N.D.C.C. 12.1-31-07

Exploitation of a vulnerable adult, if a felony under subsection 2(a-c), N.D.C.C. 12.1-31-07.1

Fraudulent insurance acts, subsection 1, N.D.C.C. 26.1-02.1-02.1

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.