



Attestation

Non-Medical Transportation

Transportation Provider Information			
Name			
Address			
City	State	County	Zip

I certify that all drivers under our employment meet the credentialing qualifications and requirements outlined in Attachment D, Section 5 of the General Transportation Contract.

All drivers have:

- Have successfully passed a criminal background check performed by our organization.
- Have had their driving record report reviewed by our organization, and is on file.
- Have passed their pre-employment Drug and Alcohol Screening.
- Have completed all components of our Driver Orientation and Training Program.
- Have been trained in CPR and First Aid with a current certificate on file with our organization.

I affirm that the information submitted to Partnership HealthPlan of California is true, current and complete to the best of my knowledge and it is furnished in good faith.

Authorized Signature

Printed Name

Title

Date