

STATE OF MICHIGAN  
**Employer Attestation**

I, (please print) \_\_\_\_\_, hereby declare and certify, under penalty of the provisions of 18 U.S.C. 1001, that \_\_\_\_\_

(medical facility) is located in a primary medical care (or mental health if applicable)

Health Professional Shortage Area, Medically Underserved Area / Population or

qualifying non-designated shortage area and provides care to both Medicare- and

Medicaid-eligible patients and indigent, uninsured patients.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date