(Organization’s letterhead)

**Statement of Attestation**

I certify that I have read the Rural Health Centers Operations Guidance Manual before signing this attestation, and that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ complies with the following requirements to be a continuing Stated-designated Rural Health Center and that the responses in this attestation and information are accurate, complete, and current as of the signature date.

Initial each statement below

\_\_\_\_\_\_\_ Currently offering primary care services in a rural and underserved community

\_\_\_\_\_\_\_ Has an established board of directors

\_\_\_\_\_\_\_ Is actively using an identified Electronic Health Records system

\_\_\_\_\_\_\_ Is compliance with the State of North Carolina program regulations, requirements, and

 policies.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature of Administrator or authorized person)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print name of signature)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)