

**SOONERCARE PROVIDER AGREEMENT
SIGNATURE FORM**

If PROVIDER is an organizational entity rather than an individual person, PROVIDER's Authorized Representative states that he or she has authority to execute this Agreement on behalf of PROVIDER pursuant to its organizational documents, bylaws, or properly enacted resolution of its governing authority.

Individual PROVIDER or Organizational PROVIDER's Authorized Representative certifies that:

1. If PROVIDER is an entity other than an individual person, the person signing below is the duly Authorized Agent of PROVIDER for the purpose of certifying the facts pertaining to the giving of things of value to government personnel in order to procure said contract;
2. Neither PROVIDER nor anyone subject to PROVIDER's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein;
3. No person who has been involved in any manner in the development of the Agreement to which this statement is attached while employed by the State of Oklahoma shall be employed by PROVIDER to fulfill any of the services provided for under said contract.

Signature of individual PROVIDER or
Organizational PROVIDER's Authorized Representative

Date