

New York State Department of Health
Registration of Temporary Health Care Services Agencies and Health Care Technology Platforms

Quarterly Reporting Attestation

Instructions: Enter the information in boxes A through I below, then save before submitting the form via SendVault as part of your Quarterly Report Package. Instructions for the **Quarterly Reporting Package** are on the Department’s website: https://www.health.ny.gov/facilities/staffing_agency/

Questions related to this form can be sent to TempAgencyRegistration@health.ny.gov.

A. Temporary Agency Identification (TA_ID) Number: _____

(this is the Department of Health-assigned unique identifier for your Agency.)

B. Agency Name: _____

C. For Year and Quarter (YYYY-QQ, examples 2025-Q1, or 2023-Q4): _____

Attestation:

Consistent with Article 29-K of the Public Health Law (“Registration of Temporary Health Care Services Agencies and Health Care Technology Platforms”), the individual identified below is authorized by the above-named Agency to submit quarterly reporting information and attests that the information submitted is true, accurate, and complete to the best of their knowledge. The information collected will be used to maintain the Agency’s registration as a temporary health care services agency in New York State.

I understand that any falsification, omission, or concealment of information may subject the above-named agency and/or its controlling person(s) to administrative, civil, or criminal liability, penalties, and/or fines.

D. Name (must be a “Controlling Person” identified on the Agency’s Registration Application Form):

E. Title of Person Attesting _____

F. Phone _____

G. Email Address _____

H. Signature _____

I. Date _____