



ACC – Psychiatric Rehabilitation Reporting Deliverable Attestation

Submit Attestation and Reports by the 5th of the month to the SFTP:

ASOC_ACCPsychRehabAtt_YYYYMM_Pro

I, <First Name and Last Name> certify that to the best of my knowledge, information and belief, that the information contained in the attached ACC Psychiatric Rehabilitation Report: ASOC ACCPsychRehab YYYYMM Pro concerning the functional area for which I am accountable, is accurate, complete and truthful.

Reporting Month: <Enter Reporting Month>

Reporting Year: <Enter Reporting Year>

First Name and Last Name, Title, Department

Name and Title of Person Completing Report

Signature of Department Owner

Click or tap to enter a date.

Date Signed