



## Sanctions, Exclusions and Compliance Screening Certification

By your signature below, you certify and represent that you, your organization, and its principals, owners, officers and employees (if any):

1. Are not debarred, suspended, excluded, sanctioned or otherwise ineligible to participate in any federal, state or local government programs.
2. Do not appear on any governmental or regulatory sanctions, exclusion, enforcement or watch lists, including but in no way limited to the U.S. Department of Treasury Office of Foreign Assets Control (OFAC) Sanctions Lists, US General Services Administration System for Award Management Exclusions (SAM.gov), the US Department of Health & Human Services Office of Inspector General List of Excluded Individuals/Entities (OIG), the Bureau of Industry and Security's denied persons list, entity list and unverified list (BIS), the California Department of Healthcare Services provider suspended and ineligible list (DHCS), or any international, national, state, regulatory, or industry compliance lists.
3. Have not been convicted of, charged with, or otherwise implicated in activities that would pose a compliance, regulatory, ethical, or legal risk to Western University of Health Sciences.
4. Will promptly notify Western University of Health Sciences if any change occurs that would affect the accuracy of this certification.

You further acknowledge and agree that Western University of Health Sciences, may, on its own or via third parties, conduct initial and ongoing compliance and due diligence screenings, including but not limited to sanctions and exclusion list checks, watchlist and enforcement database searches, and any other due diligence reviews deemed necessary by Western University of Health Sciences. You hereby give consent for such screenings and agree to cooperate with any additional information or documentation reasonably requested to support compliance validation. Failure to pass such screenings or failure to disclose relevant information, may, as a non-exclusive remedy to Western University of Health Sciences, result in termination of the business relationship.

This Certification may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

By your signature below, you affirm that you are authorized to make this certification on behalf of yourself and, if applicable, the organization on whose behalf you are acting, and the information provided herein is true, accurate, and complete.

**If you are unable to make this certification in whole or in part, or have any questions or concerns, please do not move forward with the onboarding process and contact Accounts Payable: [AP@WesternU.edu](mailto:AP@WesternU.edu) or (909) 469-8394.**

**Name of organization (if applicable):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_