ATTACHMENT H Consultant Disclosure Form A

OMHOI-CM100203AA-3650431

OSC Use Only:
Reporting Code: CUG
Category Code:
Date Contract Approved

FORM A

State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Office of Mental HealthAgency Code: 3650000Contractor Name: Registry of Physician Specialists - D.Contract Number: OMH01-
CM100203AA-3650431WiedershineContract Start Date: 2/1/2018Contract End Date: 9/4/2023

Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	8640	\$1,742,000.00
Total this page	0	0	
Grand Total	1	8,640	\$1,742,000.00

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature:

Date Prepared: 2/23/2018

(Use additional pages, if necessary)

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1. (Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at <u>online.onetcenter.org</u> to find a list of occupations.)