## ATTACHMENT H Consultant Disclosure Form A

OSC Use Only:		
Reporting Code:		
Category Code: ( (	16	
Date Contract Appro	oved.	

FORM A OMHOI- CM 100205AB-3650367

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 Health

Contractor Name: LocumTenens.com Inc. - N. El Rafei

Agency Code: 3650000 Contract Number: OMH01-

CM100205AB-3650367

Contract Start Date: 5/10/2018

Contract End Date: 9/4/2023

Employment Category <sup>1</sup>	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	1	8192	\$2,307,413.33
			A
		200	
Total this page	(	0	
Grand Total		8,192	\$2,307,413.3

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: 518-549-5224

Preparer's Signature:

Date Prepared: 4/30/2018

(Use additional pages, if necessary)

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