## ATTACHMENT H Consultant Disclosure Form A

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 Health Contractor Name: LocumTenens.com LLC - M. Fan

Agency Code: 3650000 Contract Number: OMH01-CM100205AO-3650411

Contract Start Date: 7/1/2018 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	11	9920	\$2,794,133.33
		×	
Total this page	C	0	
Grand Total	1	9,920	\$2,794,133.33

Name of person who prepared this report: Jessicca McDonald

Title: Contract Management Specialist Trainee

Phone #: (518) 549-5224

Preparer's Signature: . Oa al

Date Prepared: 5/11/2018

(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 <u>online.onetcenter.org</u> to find a list of occupations.)