## ATTACHMENT H Consultant Disclosure Form A

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э <b>н</b>		<i>1</i> .	OSC Use Only:	÷
			Reporting Code:	
			Category Code:	
A MARK CONTRACTOR			Date Contract Approved:	
FORM A				
S	tate Consultant So	ervices - Contra	actor's Planned E	mployment
Fro	m Contract Start I	Date Through T	he End Of The C	ontract Term
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State An	ency Name: Office of	Montal Health	Aconou	365
	r Name: Mobile Den			Code: 5000 Om
Contract Start Date: 0/4/0040			Contract Number: C20059	
	Start Bato. 2/ 1/2010	Contr	act End Date: 1/31/2	24
		1	T	I
Ema	ovmont Catagori	Number of	Number of hours to	Amount Payable
Employment Category <sup>1</sup> 29-1021.00 - Dentist		Employees	be worked	Under the Contrac
	- Dentist Assistants	<u>a</u>	965	138546
29-1029.00 - Hygienist		9	1926	96000
20-1023.00		1	960	28800
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(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.)