

APPENDIX E

PROVIDER ACKNOWLEDGMENT

I certify and acknowledge that I have read and understand the entire GVRA/VR Provider Outsourcing Manual, and I certify that I have read and understand the requirements in the GVRA/VR Provider Standards listed in the Provider Outsourcing Manual.

Provider Business Name: _____

Authorized Representative

Print Name: _____

Signature: _____

Date: _____

Email signed form to: Providermanagement@gvs.ga.gov