

Hospital Licensure Rule 4.2.e.

GOVERNING BODY CONSUMER REPRESENTATIVE AFFIDAVIT

For Licensure Period: 07-01-2015 - 06-30-2016

I, _____, affirm that I am a voting member of the Board of Directors of _____ (name of nonprofit corporation or other nonprofit legal entity to which a hospital license is issued), hereinafter referred to as the licensee.

I am designated as a consumer representative on such Board by virtue of my classification as:

(Check one only):

_____ An elderly person, i.e., sixty-five years of age or older,

_____ An organized labor member, i.e., member of an organized labor unions covered by the National Labor Relations Act, the Railroad Labor Relations Act, or other federal labor acts,

_____ A small business representative, i.e., persons classified as owning or operating a small business by the United States Small Business Administration pursuant to the 15 U.S.C. 631 *et seq.*, and applicable provisions of the Code of Federal Regulations, currently 13 C.F.R. 121.201 *et seq.*

_____ A person whose gross family income or gross individual income in the case of individuals not residing with a family member, is less than the **2013 national median family income of \$51,939.00.**

I am not a member of management of the licensee nor a member of management of one of its related organizations, and if I assume such a position I will promptly notify the licensee in writing.

If I am classified as an organized labor member, a small business representative, or a person whose income is less than the national median income and I cease to meet the above description of such classification, I will promptly inform, in writing, the licensee.

I understand that if my designation as a consumer representative is selected for verification, or is the subject of a complaint, I may be required to document my qualification for such designation in accordance with regulations of the State Department of Health and Human Resources.

I have retained a copy of this affidavit.

Signature: _____

(Board Member)

Address: _____

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me within my said County and State this _____ day of _____, 20____.

(Notary Public)

My commission expires: _____