



## **DEBARMENT STATUS**

**Please answer the following questions:**

Is your training/education institution listed on any state or federal debarment lists?

*Select from one:*

Yes

No

If yes, please indicate the name(s) and date(s) of your institution's debarment(s).

Name of First Debarment List: \_\_\_\_\_

Date of First Inclusion \_\_\_\_\_

(Example: mm/dd/yyyy)

Name of Second Debarment List: \_\_\_\_\_

Date of Second Inclusion: \_\_\_\_\_

(Example: mm/dd/yyyy)

Name of Third Debarment List: \_\_\_\_\_

Date of Third Inclusion: \_\_\_\_\_

(Example: mm/dd/yyyy)