



I understand that, should there be changes to the organization’s practitioners, an updated Organizational Provider Roster must be submitted by the first Friday of the quarter following the change.

By signing below, you attest on behalf of your organization that there have been **no changes** to existing practitioners, addition of new practitioners, or termination of practitioners since the submission of your organization’s last quarterly roster to Health Share.

**Signature of Submitter:**

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**Name of Submitter:**

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**Date:**

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**Organization Name:**

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