

Attestation that a Federally Qualified Health Center or Rural Health Center  
is Physician Assistant-Led (PA-Led)

*Please note: for the purposes of the Medi-Cal EHR Incentive Program this includes  
FQHC-look-alike clinics, and Indian Health Clinics*

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic NPI: \_\_\_\_\_

\_\_\_\_\_ FQHC \_\_\_\_\_ RHC (check one)

Name of PA who presently leads the clinic: \_\_\_\_\_

NPI of PA who presently leads the clinic: \_\_\_\_\_

Criteria for Physician Assistant-Led: (check at least one)

For the day on which this form is signed the:

\_\_\_\_\_ PA is clinical director

or

\_\_\_\_\_ PA is dominant provider in the clinic

Compared to other providers: (check at least one)

\_\_\_\_\_ PA assigned the most patients

\_\_\_\_\_ PA with the most patient encounters

\_\_\_\_\_ PA with the most practice hours

Name of Eligible Physician Assistant: \_\_\_\_\_

Signature of Eligible Physician Assistant: \_\_\_\_\_

Date: \_\_\_\_\_

*Please Note: This form must be signed within the valid attestation period for the program  
year (ie. the calendar year and the grace period in the following calendar year). This form must  
be completed and submitted every year that the PA participates in the Medi-Cal EHR  
Incentive Program.*