

APPENDIX II

VERIFICATION ON OATH OR AFFIRMATION HOSPITAL CEO AND CFO MUST EACH COMPLETE AND SUBMIT A VERIFICATION UNDER OATH OR AFFIRMATION

STATE OF VERMONT
Green Mountain Care Board

In re: FY 2023 [Hospital Name] Audited Financial Results

Exhibit A – Form of Verification Under Oath

Shawn Tester, being duly sworn, states on oath as follows:

1. My name is **Shawn Tester**. I am **Chief Executive Officer at Northeastern Vermont Regional Hospital**. I have reviewed **Northeastern Vermont Regional Hospital's** FY23 Audited Financial Results (hereinafter the "Audited Results").
2. Based on my personal knowledge, after diligent inquiry, the information contained in the Audited Results is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact necessary to make the statement made therein not misleading, except as specifically noted herein.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the Audited Results is based upon either my actual knowledge of the subject information or, where identified below, upon information reasonably believed by me to be reliable and provided to me by the individuals identified below who have certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact necessary to make the statement made therein not misleading.
4. I have evaluated, within the 12 months preceding the date of this verification under oath, the policies and procedures by which information has been provided by the certifying individuals identified below, and I have determined that such policies and procedures are effective in ensuring that all information submitted or used by **Northeastern Vermont Regional Hospital** in connection with the Hospital Budget program of the Green Mountain Care Board (GMCB) is true, accurate, and complete. I have disclosed to the Board of Directors all significant deficiencies, of which I have personal knowledge after diligent inquiry, in such policies and procedures, and I have disclosed to the **Board of Directors** any misrepresentation of facts, whether or not material, that involves management or any other employee participating in providing information submitted or used by **Northeastern Vermont Regional Hospital** in connection with the GMCB Hospital Budget program.

5. The following certifying individuals have provided information or documents to me in connection with the Audited Results, and each such individual has certified, based on his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the certifying individual to be reliable, that the information or documents they have provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact necessary to make the statement made therein not misleading:

a. Robert Hersey –Finance Special Projects and Leslie Walker Controller

6. In the event that the information contained in the Audited Results becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify GACB and to supplement the Audited Results, as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.



[Signature of the deponent]

1/31/24
[Date]

On January 31, 2024, Shawn Tester appeared before me and swore the truth, accuracy and completeness of the foregoing.

Darcie A. Miles Davis Darcie A. Miles Davis
Notary public
My commission expires 1/31/25

Notary Public State of Vermont
Darcie A. Miles Davis
Commission * No. 157.0013770 *
My Commission Expires 1/31/2025