**PLE Ownership and Governing Body Summary**

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| **Bidder Name:** |  |

**General Instructions**

Complete a copy of PLE Ownership and Governing Body Summary denoting the following information of owner and/or members of PLE Governing Body

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| --- | --- |
| **Member Name** |  |
| **Qualifying License:** |  |
| **Qualifying License Number (if applicable):** |  |

**Employment**

Instructions: Select Y or N depending on employment status.

|  |  |
| --- | --- |
| **Employed by:** | |
| **A hospital or other medical facility licensed and operating in Oklahoma** |  |
| **An inpatient or outpatient mental health or substance abuse treatment facility or program licensed or certified by Oklahoma and operating in Oklahoma** |  |

**Governing Body**

Instructions: Provide a description of supporting documentation for a Governing Body member that is included in an Appendix to the submission.

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