



**ELECTRONIC SIGNATURE AGREEMENT**

This form is intended to document a copy of your signature in the event an audit is done of the documentation you have provided electronically through EasyTRAC or EasyIEP®. The entry of the unique combination of your login account name and password is considered your electronic signature in EdPlan. This unique combination will ensure, for audit and confidentiality purposes, that all work completed and sent on EasyTRAC or EasyIEP® is done by you.

By signing this form below, I confirm that I will keep my login Account Name and password secure. I also confirm that I, as a service provider, have delivered all documented services and that all service reports transmitted are true and correct. These documented services have been provided according to clinical guidelines and to the best of my ability.

I have read and agree that I will adhere to the above statements.

Signature		Date
First Name	Middle Initial	Last Name
District	Professional Title	
Certification	Certification Expiration Date	
Endorsements		
504 Program	Special Education Program	Medicaid Billing

**Sign and return to:**  
**Nichole Black**  
**Medicaid Office**  
**Northwest Education Services**