

ATTACHMENT H Consultant Disclosure Form A

| |
|-------------------------|
| OSC Use Only: |
| Reporting Code: |
| Category Code: |
| Date Contract Approved: |

FORM A

| |
|--|
| State Consultant Services - Contractor's Planned Employment From Contract Start Date Through The End Of The Contract Term |
|--|

| | |
|--|-------------------------------|
| State Agency Name: Office of Mental Health | Agency Code: OMH01 |
| Contractor Name: JoAnn Thomson, M.D. P.C. | Contract Number: C201757 |
| Contract Start Date: 12/1/2022 | Contract End Date: 11/30/2027 |

| Employment Category ¹ | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|----------------------------------|---------------------|------------------------------|-----------------------------------|
| 29-1211.0 | 1 | 5200 | \$1,840,800.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total this page | 1 | 5200 | \$1,840,800.00 |
| Grand Total | 1 | 5200 | \$1,840,800.00 |

Name of person who prepared this report: JoAnn Thomson
 Title: President/Owner of JoAnn Thomson, M.D. P.C. Phone #: 917 587 9053
 Preparer's Signature: *JoAnn Thomson*
 Date Prepared: 2/28/2023
 (Use additional pages, if necessary)

1. (Note: Access the O*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at online.onetcenter.org to find a list of occupations.)