

**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: NYS Department of Health Agency Code: 12000  
 Contractor Name: Michael L. Gelfand, MD Contract Number: S038062  
 Contract Start Date: 1/1/2023 Contract End Date: 12/31/2023

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Physicians and Surgeons	1	540	\$54,000.00
Total this page	1	540	\$54,000.00
Grand Total	1	540	\$54,000.00

Name of person who prepared this report: Michael L. Gelfand, MD  
 Title: Sole Proprietor Phone #: 518-370-0648  
 Preparer's Signature: *Michael L. Gelfand*  
 Date Prepared: 1/2/22  
 (Use additional pages, if necessary)