

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: NYS Office of Mental Health	Agency Code: 3650000
Contractor Name: AMN Healthcare Locum Tenens, Inc.	Contract Number: OMH01-C101905-3650000
Contract Start Date: 1/01/2026	Contract End Date: 12/31/2030

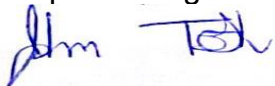
Employment Category ¹	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
29-1066-00	0	170,800.00	\$268,164,195.00
29-1066-00		18,200	\$29,642,112.50
29-1066-00		70,616	\$138,013,675.80
Total this page	0	241,416.00	\$435,719,983.30
Grand Total	0	241416.00	\$435,719,983.30

Name of person who prepared this report: John Toth

Title: Contract Management Specialist 1

Phone #: (518) 549-1459

Preparer's Signature:



Date Prepared: 2/17/2026

(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.)