
Document Verification Form 205b to be filled out by the Applicant

Applicant's Name: _____ Last four digits of Social Security #: _____

I, _____, do hereby affirm that I do utilize in my practice

the following documents:

- Practice Guidelines;
- Emergency Care Form;
- Informed Disclosure (given at initiation of care); and
- Informed Consent documents (used for shared decision making during care).

Print applicant's name

Applicant's signature

Date