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## **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).

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Print applicant's name

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Applicant's signature

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Date