
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 have developed and 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).

Further, I have shown these documents to the notary whose signature is below.

Print applicant's name

Applicant's signature

Date

Subscribed and sworn to before me this _____ day, of the month of _____
in the year _____.

Notary Seal

(Notary Signature)

My Commission Expires: _____