
SECTION 15: CERTIFICATION STATEMENT (Continued)

First Name	Middle Initial	Last Name	M.D., D.O., etc.
Practitioner Signature (<i>First, Middle, Last Name, Jr., Sr., M.D., D.O., etc.</i>)			Date Signed (<i>mm/dd/yyyy</i>)



All signatures must be original and signed in ink (blue ink preferred). Applications with signatures deemed not original will not be processed. Stamped, faxed or copied signatures will not be accepted.

SECTION 16: FOR FUTURE USE (This Section Not Applicable)
