
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. 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)
