

AFFIDAVIT and RELEASE:

I, _____ certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of the assistant and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of any certification / licensure granted.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release of the Alabama Board of Medical Examiners from all liability for the release of this information.

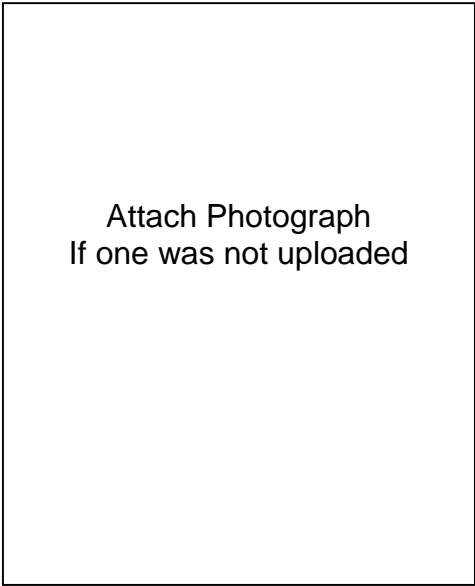
I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

Physician Assistant's Signature

Date: _____ County of _____

State of _____

SWORN to and subscribed before me this _____ day of _____, _____



Notary Public Signature

My Commission Expires: _____

Under Alabama law, this document is a public record and will be provided upon request.
The Alabama Board of Medical Examiners will enforce the Board's rules and options for the issuance of a Non-Disciplinary Citation and Administrative Charge when an applicant falsifies an application. Print affidavit and release, sign in presence of Notary Public, attach color picture if not uploaded, and mail original to the Alabama Board of Medical Examiners.