

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

FLORIDA HHS EXCHANGE VISITOR PROGRAM PHYSICIAN ATTESTATION

BEFORE ME, the undersigned authority, personally appeared _____, who after being duly sworn deposes:

I, _____, hereby declare and certify, under penalty of the provisions of 10 U.S.C. 1001, that I do not now have pending nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any State Department of Public Health, or equivalent, other than the Florida Department of Health to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.

I declare under the penalties of perjury that the foregoing is true and correct.

Date

Printed Name of Physician

Signature of Physician

Sworn to and subscribed before me this _____ day of _____.

Signature of Notary Public

My commission expires: _____

Revised: December 2016