CONRAD 30 WAIVER PROGRAM

PHYSICIAN ATTESTATION OF EXCLUSIVITY

I, _____, hereby declare and certify, under penalty of the provisions of 18 USC.1001, that: (1) I have sought or obtained the cooperation of the Florida Department of Health which is submitting an IGA request on behalf of me under the Conrad 30 Program to obtain a waiver of the two-year home residency requirement; and (2) I do not now have pending nor will I submit during the pendency of this request, another request to any U.S. Government department or agency or any equivalent, to act on my behalf in any matter relating to a waiver of my two-year home residence requirement.

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

Date	Printed Name of Physician
USDOS Case #	Signature of Physician

NOTICE: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties under section 837.06, Florida Statutes, which may include fines, imprisonment, or both.