SPONSOR CERTIFICATION FOR VOLUNTEER REGISTRATION

APPLICANT: THIS FORM IS TO BE COMPLETED BY A REPRESENTATIVE OF THE NONPROFIT ORGANIZATION SPONSORING YOUR VOLUNTEER PRACTICE.

PRINT CLEARLY OR TYPE:

I ___________________ certify that _______________________ is a publicly supported all volunteer, non-profit organization that sponsors the provision of health care to populations of underserved people.

X

Signature of Sponsor/Representative

Title of Sponsor Representative

State of __________________________ County/City of __________________________. Sworn and subscribed to, before this ______________ date of ______________, ____________.

Date    Month    Year

My Commission expires on______________________

Signature of Notary Public

Revised: 5/1/18