



Virginia Department of
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 Board of Pharmacy

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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, nonprofit organization that sponsors the provision of health care to populations of underserved people.

 Signature of Sponsor/Representative

 Title of Sponsor Representative

State of _____ County/City of _____. Sworn and subscribed to, before this _____ date of _____, 20_____.

My Commission expires on _____.

 Signature of Notary Public