

DECLARATION OF COMPLIANCE

I hereby declare that I am in full compliance with the terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

If you cannot attest that you are in full compliance with the terms and conditions, please explain below:

Signature

Print

Date