

# Affiliation Attestation

Certified Nurse-Specialist and Advanced Practice Registered Nurses with Certificate of Authority



**This form must be completed in its entirety and should be returned to our office within five (5) days of receipt.**

<b>Attestation</b>	
This statement is to serve as affirmation that the individual listed below has executed a Standard Care Arrangement with myself as their collaborating physician.	
Nurse's Name	Nurse's NPI
<b>Authorization</b>	
Practice Name	TIN
Physician's Name	Physician's NPI
Physician's Signature	Date