AFFIDAVIT

I, ____________________________(printed name of Affiant), certify, under penalty of perjury, that I am licensed to practice ______________________ (type of health care licensed to practice) in ______________________ (state, District of Columbia, territory, or possession of the United States where Affiant holds license). I intend to remotely provide health care services to a patient or patients in Kentucky through the use of telemedicine at an appropriate site for both the provider and patient and in compliance with HIPAA. I certify that my license in the state identified above is active and unencumbered and that I have never been subject to discipline by a licensing agency in any state or federal jurisdiction. I further certify that if I hold a license or permit for controlled substances that this license has never been suspended or revoked. I further certify that I will register with the relevant state agency and will only offer clinically appropriate, medically necessary services. I understand and agree that this registration expires immediately upon the Governor or the General Assembly’s determination that the state of emergency in response to COVID-19, declared on March 6, 2020, by Executive Order 2020-215, has ceased, and I agree that at that time I will immediately cease practice in Kentucky or comply with the appropriate licensure requirements before continuing to practice in Kentucky.

Further, Affiant sayeth naught.

_____________________________  __________________________________
Signature of Affiant          Title

_____________________________
Date

Sworn to and subscribed before me this the _____ day of ____________, 2020.

________________________________________
NOTARY PUBLIC

My Commission expires: ____________