

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: _____