

ATTESTATION FORM – The Veterans Project of South Florida, A SOFAR Affiliate

- | | YES | NO |
|---|-------|-------|
| 1. Has any pending or new professional malpractice claim been made against you (whether or not a lawsuit was filed in relation to the claim) within the past ten years? | _____ | _____ |
| 2. Are any formal disciplinary charges pending or has any disciplinary action (as defined by your professional Board regulations) been taken against you by any governmental authority, hospital, or other health care facility, or professional association (international, national, state or local) within the past ten years? | _____ | _____ |
| 3. Have you withdrawn from any professional organizations to avoid an ethics investigation in the past five years? | _____ | _____ |
| 4. Do you affirm that all clinical services that you provide to veterans, their families and friends, referred to you through this program will be on a PRO-BONO basis? | _____ | _____ |
| 5. Do you affirm that, in your clinical work and as a representative of this program, you will not express personal political views for or against the current military conflicts in which US forces are engaged? | _____ | _____ |

Date_____

Print Name _____ Signature_____

**Please fill out and email ATTN: ATTESTATION FORM to veteransprojectfl@gmail.com
Or fax to (919) 267-6013
Questions? Please call (877) 783-2748*