

**CDS Prescriber Application Attestation**

I, \_\_\_\_\_ being duly sworn, depose and say under penalty of false statement, that I am the person described and identified in this application; that I have completed this application, which contains all information called for and bears my original signature(s); that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already registered. I understand that in signing this application for registration, I am consenting to any reasonable inquiry that may be necessary to verify the information that I have provided on this form or may provide in conjunction with this application.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date