

VIRGINIA: BEFORE THE DEPARTMENT OF HEALTH
DIVISION OF CERTIFICATE OF PUBLIC NEED

IN RE: COPN REQ. NO. _____

_____, VIRGINIA

AFFIDAVIT OF _____,

I, _____, being duly sworn, do affirm and state:

1. My name is _____. My address is _____,
_____.
2. I am _____ at _____.
I have served in this capacity at _____ since _____.
3. By this affidavit, in place of an oath given at the time of testimony, I affirm that my testimony and any evidence I will during the Informal Fact-Finding Conference for COPN Request No. _____ on _____ will be truthful and accurate.

Signature

NOTARY PUBLIC

_____ personally appeared before me, a Notary Public in and for the Commonwealth of Virginia, and stated under oath that the foregoing affidavit is true to the best of her knowledge, information, and belief.

Subscribed and sworn to me this _____ day of _____, _____.

Notary Public