

Latus Management, Inc.
Provider Confirmation

I, the undersigned, hereby confirm that the information given in or attached to this application is accurate and fairly represents the current level of my training, experience, capability, and competence to practice at the level requested. I specifically authorize Latus Management, Inc. and its authorized representatives to consult with any third party who may have information bearing on the subject matter addressed by this application and to inspect or obtain any reports, material to the question of this application. I also specifically authorize any such third parties to release said information to Latus Management, Inc. and its authorized representatives upon request. I hereby release Latus Management, Inc. and its authorized representatives and any such third parties, from any liability for any such reports, records, recommendations, or other documents or disclosures involving me that are made, requested, or received by Latus Management, Inc. and/or its authorized representatives to, from or by any such third parties, including otherwise privileged or confidential information, made or given in good faith and relating to the subject matter addressed by this application.

Signature: _____ Date: _____