



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

By submitting this form with the Course Application, it is confirmed that the sponsor will comply with your current Course Sponsor Agreement and adhere to the Administrative Procedure Manual.

The following undersigned are agreed and principle individuals responsible for the course.

Any changes to the course program after submitting the application, must be submitted the Bureau for approval.

Course CIC

Signature

Print Name

Date

Sponsor Administrator

Signature

Print Name

Date

Medical Director

Signature

Print Name

Date