

**CHIEF FISCAL OFFICER AFFIDAVIT OF COMPLIANCE**

(This form is to be completed by the Chief Fiscal Officer.)

Name of Hospital: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT:**

As Chief Fiscal Officer, I \_\_\_\_\_ do hereby affirm, on behalf of the hospital, the following:

Hospital has current insurance coverage which includes all programs offered.

Hospital has current fire marshal certification

Hospital has current zoning report

In addition, I do hereby affirm that the hospital and the hospital-based programs are fiscally solvent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Attested:

Sworn/affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public: \_\_\_\_\_

Date of commission expiration: \_\_\_\_\_