



ATTESTATION

Instructions: Complete this form while in the presence of a notary. Return to FACTS.

FACTS Case Number of Applicant	Applicant Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Applicant First Name	Applicant Middle Name	Applicant Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant Phone Number	Applicant Email Address
<input type="text"/>	<input type="text"/>

<p>TERMS</p> <p>By signing below, you agree and certify, under oath and subject without coercion that:</p> <ol style="list-style-type: none"> 1. The information provided, and that will be provided, to FACTS is true, honest, accurate, and complete. 2. If FACTS finds evidence of falsification of any materials, statements, or documents, it may result in immediate termination of evaluation, and forfeiture of any monies paid at that time. 3. My evaluation is subject to all laws and regulations set forth by the United States government and other interest controlling organizations. 4. I release FACTS, all employees, staff, officers, directors, and contractors of any legal obligations, to include liability for claims and damages. I agree to pay all legal fees and expenses incurred by FACTS as the result of any claim or action, directly or indirectly related to my case. 5. I acknowledge that the information and documents provided will be kept confidential and will only be released to an authorized third party, such as, but not limited to USCIS and DHS. I consent to the dissemination of this information under these conditions. 6. Any amount paid to FACTS will be refunded only at the sole discretion of FACTS. 7. FACTS rules, policies, regulations, and processes are subject to federal regulations, and no exception from these will be made at any time. 8. I agree to all terms, rules, and regulations set by FACTS, including costs and deadlines, in the evaluation process.
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I, _____ (*printed name*), certify that I am the person on this attestation form and application associated with the FACTS Case Number and that all documents and statements that have been and will be submitted are true. I understand that should FACTS discover falsification of any materials or statements, I may be denied a Health Care Worker Certification, and subject to all regulations in accordance with the USCIS and DHS. By signing, I attest that I understand all terms, rules, and regulations.

(APPLICANT SIGNATURE)

NOTARY USE ONLY

Subscribed and sworn to before me, this _____ day of _____, 20____, in the

Country of _____, State of _____, City of _____

SIGNATURE & SEAL OF NOTARY

