

**PROVIDER AUDIT AFFIDAVIT**

**I hereby certify** as the Authorized Provider Representative that no course(s) was given after the provider registration expiration date or prior to the provider re-registration effective date.

I further acknowledge and understand that the department or its designee may at any time investigate or audit a provider's continuing education records and/or compliance with 28 TAC § 19.1015. I understand the commissioner may, after notice and an opportunity for hearing, discipline a provider and/or the provider's authorized representative, officers, directors, managers or partners, under Insurance Code, Chapter 82 and Chapter 4005, Subchapter C, and 28 TAC § 19.1015 and assess an automatic fine as provided for by § 19.1016.

I further acknowledge that I am subject to both disciplinary action and criminal prosecution if this acknowledgment contains a false, fictitious, or fraudulent statement or entry about any material fact.

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SIGNATURE OF AUTHORIZED PROVIDER REPRESENTATIVE

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FULL LEGAL NAME (PRINT OR TYPE)

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PROVIDER NAME

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PROVIDER NUMBER

The State of \_\_\_\_\_, §

County of \_\_\_\_\_, §

Before me, \_\_\_\_\_, on this day personally appeared  
(PRINTED NAME OF NOTARY PUBLIC)\_\_\_\_\_, known to me (or proved to me)  
(PRINTED FULL LEGAL NAME OF AUTHORIZED PROVIDER REPRESENTATIVE)on the oath of \_\_\_\_\_  
(PRINTED NAME OF WITNESS KNOWN TO NOTARY PUBLIC)or through \_\_\_\_\_  
(DESCRIPTION OF IDENTITY CARD OR OTHER DOCUMENT)

to be the person whose name is subscribed to the foregoing instrument, and  
acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_  
(NOTARY SEAL)

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(NOTARY PUBLIC SIGNATURE)

Notary Public, State of \_\_\_\_\_