

Prevent. Promote. Protect.

Statement of Attestation

I ______ do hereby attest to comply with all requirements established by sections 3730.01 through 3730.11 of the Ohio Revised Code and the rules of this chapter.

Approval	Holder	Signature _	
Approvar	nonaci	Jighatare	

Date _____

Dennis R. Propes, RS, MPA Health Commissioner

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