

AFFIDAVIT

For the Intent of Not Rendering Professional APRN
Nurse-Midwife Services

I, _____
(Name of health care provider and professional acronym)

Kansas APRN Nurse-Midwife license number _____

Do hereby affirm that I will not render professional APRN Nurse-Midwife
services in the State of Kansas during the period

from _____ until _____
(month, day, year) (month, day, year)

Signature of health care provider

SUBSCRIBED AND SWORN to before me this ___ day of _____ 20____.

Notary Public

My appointment expires: _____