TDI | Texas Department of Insurance

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.

_____ _____

SIGNATURE OFAUTHORIZED PROVIDER REPRESENTATIVE FULL LEGAL NAME (PRINT OR TYPE)

_____ _____

PROVIDER NAME 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)

_____
(NOTARY PUBLIC SIGNATURE)
Notary Public, State of _____