**EPP Head Administrator Attestation Form**

By signing below, I certify:

1. The information submitted is complete and accurate to the best of my knowledge;
2. I am aware that any false or fraudulent statements or claims may result in a change of status to the SBE for the EPP and/or for individual licensure programs; and
3. I agree to accept responsibility for the fidelity of implementation and to provide progress reports upon request.

[ ] I have read and agree with the statements listed above.

[ ] I understand that approving this electronically is equivalent to my signature.

Title: Click or tap here to enter text.

Date: Click or tap here to enter text.