

Florida Reimbursement Assistance for Medical Education (FRAME) | Primary Care/Mental Health

Volunteer Service Obligation Acknowledgment

| This form must be submitted if the applicant has <u>not</u> completed the 25 hours of volunteer services at the time of application. | | | |
|---|------------------------------|----------------------------|--------------------|
| SECTION 1. Volunteer's Information | | | |
| Name: | | License: Prefix | Number: |
| FRAME Volunteer Service Requirements: | | | |
| Pursuant to sections 381.402(3), Florida S | Statutes: | | |
| (b) All payments are contingent on continued proof of: | | | |
| 2. Providing 25 hours annually of volunteer through another volunteer program pursua subparagraph, the volunteer hours must be | nt to part IV of chapter 110 |). In order to meet the re | quirements of this |
| Completed volunteer service hours this calendar year upon application: | | | |
| Remaining volunteer service hours that must be completed before December 31 to satisfy | | | |
| SECTION 2. Attestations | | | |
| It is attested by the signature below that al fact. Information has not been evaded or s | | | |
| If the applicant fails to complete the remaining volunteer service hours identified above, the applicant will be subject to the penalties set forth in Rule 64W-4.007, Florida Administrative Code, Non-Compliance. | | | |

- The debt will be reported to the Florida Department of Health's Division of Medical Quality Assurance for potential adverse licensure action.
- The applicant will not be eligible to participate in the FRAME program in the subsequent calendar year. Any subsequent application will be considered "new" and will not be eligible for Tier 1 or Tier 2 prioritization.

Volunteer's Signature

Date

Signature must be in ink.

NOTICE: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties under section 837.06, Florida Statutes, which may include fines, imprisonment, or both.