



**COMMONWEALTH OF VIRGINIA**

Department of Health Professions  
9960 Mayland Drive, Suite 300  
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(804) 367-4570

**SPONSOR CERTIFICATION FOR VOLUNTEER REGISTRATION**

**APPLICANT: THIS FORM IS TO BE COMPLETED BY A REPRESENTATIVE OF THE NONPROFIT ORGANIZATION SPONSORING YOUR VOLUNTEER PRACTICE.**

**PRINT CLEARLY OR TYPE:**

I \_\_\_\_\_ certify that \_\_\_\_\_ is a publicly supported all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people.

\_\_\_\_\_  
Signature of Sponsor/Representative

\_\_\_\_\_  
Title of Sponsor Representative

State of \_\_\_\_\_ County/City of \_\_\_\_\_. Sworn and subscribed to,  
before this \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public