



**Attestation on Equivalence of Satellite Office**

I attest that all satellite offices in which I administer sedation/anesthesia meet the same facility, equipment, and personnel standards as that of my primary office, which has been evaluated by the \_\_\_\_\_ Society of OMS or in compliance with state law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed or Printed name \_\_\_\_\_

Address of Primary Office:

\_\_\_\_\_

Date of Evaluation of Primary Office \_\_\_\_\_