



Attestation of Compliance Multiphasic Health Testing Center

AUTHORITY: Pursuant to Chapters 483, Part I and 408, Part II, Florida Statutes (F.S.), and Rule Chapters 59A-6 and 59A-35, Florida Administrative Code (F.A.C.), a multiphasic health testing center shall comply with rules adopted by the Agency that establish licensure standards governing the provision of certain health testing services that are either performed at the center or involve the sending of specimens to a clinical laboratory.

Provider Information			
Name of Multiphasic Health Testing Center:			
License # (if applicable):		Telephone Number:	
Street Address:			
City:	State:	Zip:	County:

I confirm that the above named multiphasic health testing center currently meets and will continue to comply with the licensure requirements set forth in Chapters 483, Part I and 408, Part II, F.S., and Rules 59A-6 and 59A-35, F.A.C., relating to multiphasic health testing centers.

Printed or typed name of Administrator

Signature of Administrator

Date

Return completed AHCA Form 3170-4005 to:

Agency for Health Care Administration
Laboratory and In-Home Services Unit
2727 Mahan Drive, MS # 32
Tallahassee, FL 32308