# ATTESTATION FORM

## Regarding Requirements of the Mammography Quality Standards Act

Attestation must include as much of the following information as possible:

Name of the institution/facility where the applicable training or mammography reading/interpreting, or other activity, took place; name of the course(s) or training (where applicable); the attendance, reading/interpreting, or other activity dates; and the supervising/responsible person (where applicable) for the institution/facility. Please provide these details in the space below. Attach additional sheets if necessary.

**I _____ attest that, to the best of my knowledge and my belief, the following information provided in this declaration is true and correct. I understand that FDA may request additional information to substantiate the statements make in this declaration:**

_____
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**I understand that knowingly providing false information in a matter within the jurisdiction of an agency of the United States could result in criminal liability, punishable by up to $10,000 fine and imprisonment of up to five years, or civil liability under the MQSA, or both**

_____
Attestor's Signature and Title

_____
Date signed

Facility Name and Address (if applicable) (including zip code):
_____
_____
_____

Facility ID Number (if applicable) _____