



**ARKANSAS DEPARTMENT OF HEALTH**

**SURVEYOR CANDIDATE/TRAUMA SURVEYOR AFFIDAVIT**

I hereby certify that I have received the Arkansas Department of Health sanctioned credentialing course, been provided with the pertinent survey materials for the upcoming site survey of \_\_\_\_\_ on \_\_\_\_\_, and have no political, competitive, and/or financial conflict of interest with the above-named hospital.

I further understand and agree that any information identifying an individual patient, physician, hospital, pre-hospital care provider, or health plan to which I have access during the performance of my duties as a designation site surveyor shall be held in strict confidence and shall not be disclosed to any person other than those required to receive it during my work in the designation site survey process.

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Printed name and title

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Signature and date