

**Notarized Statement**

I declare that \_\_\_\_\_ produced their government issued photo identification, a copy of which is attached hereto as **Exhibit "A"**, evidencing their identity and date of birth; that I recognized them as the person identified by that identification; and that they are currently enrolled as a student in the naturopathic medicine education program at the Canadian College of Naturopathic Medicine.

I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_, Canadian College of Naturopathic Medicine

DECLARED BEFORE ME at the city of \_\_\_\_\_ )  
\_\_\_\_\_, in the )  
Province of \_\_\_\_\_, this \_\_\_\_\_ )  
day of \_\_\_\_\_, 20\_\_\_\_. )  
\_\_\_\_\_)  
\_\_\_\_\_)  
A Commissioner for taking Affidavits )  
within the Province of \_\_\_\_\_.)

\_\_\_\_\_  
*Signature of Commissioner*

**Exhibit "A"**