



VSOMS ACKNOWLEDGMENT AND ATTESTATION FORM

Date: _____

Per VSOMS guidelines, by responding to this document, the respondent(s) certify that Dr. _____ is immediately available by phone or in-person when needed for his/her patients post operative care.

Dr. _____ will follow all AAOMS Code of Professional Conduct Guidelines, specifically the following:

- C.3.01. Displays the OMS name and provides 24hr coverage by an OMS who is within a reasonable distance and/or response time of the facility for the administration of emergency care.
- C.5 (f) it is unethical for a surgeon to delegate postoperative care to a person who is not similarly qualified to recognize, treat, and manage all surgical complications. This includes the ability and privilege to admit patients to an extended care hospital.

We certify and declare that the foregoing is true and correct.

Subscribed on _____ at _____,
Date Address
_____, _____
City State

Signature of Oral & Maxillofacial Surgeon Being Evaluated Date

Signature of Practice Owner (if not OMS being evaluated) Date