

**This Section to be Completed ONLY by Applicants/Employees of either the  
University of Toledo Physicians, LLC. or The University of Toledo**

**ACKNOWLEDGEMENT AND AUTHORIZATION:**

I hereby acknowledge that and authorize a copy of this completed The University of Toledo Medical Center Application for Appointment and all submitted documentation be forwarded to University of Toledo Physicians, LLC, as appropriate, for use in my Provider Enrollment Application(s). I further acknowledge that and authorize a copy of this completed The University of Toledo Medical Center Application for Appointment and all submitted documentation be forwarded to The University of Toledo Medical Center – Risk Management Department for use in my Professional Liability Insurance Application.

A photocopy of this waiver shall be effective as the original when so presented.

\_\_\_\_\_  
Actual Signature of Physician

\_\_\_\_\_  
Date