Kentucky Early Intervention System
Record of Provider Signature

_____ _____

Printed Legal Name Legal Signature

_____

Date Signed

I certify that the above represents my legal name and signature. I understand that this signature shall be maintained by the Department for Public Health, Kentucky Early Intervention System as a 'signature on file'. It shall carry the same weight, authority and effect as an original signature. This signature will be used in conjunction with the work I perform in TOTS (**T**echnology-assisted **O**bservation and **T**eaming **S**upport system) during my agreement period with the Kentucky Early Intervention System. By signing this form I am not authorizing the Kentucky Early Intervention System or Yahasoft, Inc. to use my name or signature for purposes other than those listed above.

I understand that this signature will be scanned and stored both electronically and hardcopy by the Department for Public Health, Kentucky Early Intervention System at the following address:

275 East Main Street
HS2W-C
Frankfort, KY 40621