

RETURN TO: PCOT
305 S. Broadway
Suite 700
Tyler, Texas 75702

STATEMENT OF APPLICANT

I attest that the information given in this PCOT Application for Membership is accurate and complete. I authorize the Corporation and its duly authorized representatives to consult with and obtain any and all pertinent information from institutions and professional and other organizations with which I am or have been associated, including but not limited to past and present malpractice carriers, who may have information bearing on my professional competence, character and other qualifications for membership.

I agree to furnish the Corporation with any information or documents it may require in verification of the information I have provided in this Application. I further agree that the Corporation may present a photocopy of this statement, signed by me, as a consent and release for purposes of obtaining any of the information it requires.

I release the Corporation and/or its authorized representatives, and any third parties from any liability for any reports, records, recommendations, or other documents or disclosures involving me that are made, requested or received by the Corporation and/or its authorized representatives to, from, or by any third parties, including otherwise privileged or confidential information, made or given in good faith and relating to the subject matter addressed by this Application. I acknowledge and understand that the Corporation shall maintain the confidentiality of such information.

DATE

SIGNATURE

PRINTED NAME