

STATEMENT FOR HONORARIA RECIPIENTS

(ATTACH TO CHECK REQUEST AND SERVICE AGREEMENT)

I, _____, certify that I have not received honoraria payments and associated expenses from more than five institutions in the previous six-month period.

I further certify that the honoraria payment and/or associated expenses I will receive from the Medical College of Georgia are for usual academic activities and that those activities do not/will not last for more than nine days.

Signature

Date