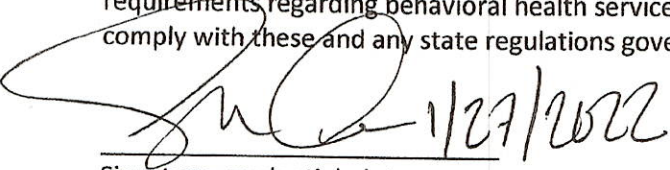


I have reviewed the Kentucky government regulation 907 KAR 15:010, Coverage provisions and requirements regarding behavioral health services provided by independent contractors. I agree to comply with these and any state regulations governing my services with Transformations.



Signature, credential, date