

OPTN Board of Directors Attestation Agreement

Please read the attestation below carefully. By typing your full name in the signature field, you confirm that you understand and agree to the responsibilities outlined. Your typed name will serve as your legal signature and indicates your commitment to uphold the duties of an OPTN Board Director.

Attestation Agreement

I understand and acknowledge that as a Director serving the OPTN Board of Directors, I must carry out the responsibilities of the OPTN authorized by the National Organ Transplantation Act (NOTA) (42 U.S.C. §274) and the OPTN Final Rule (42 C.F.R. §121). I will follow the OPTN Charter and OPTN Bylaws, and I will work with OPTN Contractors to carry out the requirements of OPTN Contracts. My advice and opinions will be the result of my own independent judgment, and I will not take into consideration any responsibilities I have to any other organization while I fulfill my responsibilities as a Director on the OPTN Board and INVEST.

Signature:

Your typed name will serve as your legal signature and indicates your commitment to uphold the duties of an OPTN Board Director.

Date:

Please input today's date.

Email Address:

Please enter an email address.