

PLEASE NOTE:

This must be on official letterhead of physician, nurse practitioner or physician assistant, that includes address and telephone number AND statement must be also notarized - your health practitioner must sign it in front of a notary.

Date

To Whom It May Concern:

I, (name of physician, nurse practitioner or physician assistant), (state and license number of the physician, nurse practitioner or physician assistant) am licensed in the United States and have treated, or reviewed and evaluated, the gender-related medical history of the applicant. I am making my findings upon independent and unbiased review and evaluation and am not related to the applicant.

(Name of patient) has undergone appropriate clinical treatment for a person diagnosed with Gender Dysphoria as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, for gender transition to the new gender – (specify male or female).

I declare under penalty of perjury under the laws of the United States that the foregoing declaration is true and correct.

Sincerely,

(Signature of physician, nurse practitioner or physician assistant)

(Typed name of physician, nurse practitioner or physician assistant)

Signature	Date
Print or Type Your Name	
Title	

Notary	Date