

This agency agreement shall be terminated immediately if and when any of the following occur:

1. The undersigned practitioner no longer possesses the active DEA-registration specified in this agreement.
2. The undersigned agent is no longer employed in the manner described in this agreement.
3. The practitioner or the agent revokes this agency agreement by completing the revocation section at the end of this document or by executing a written document that is substantially similar to the revocation section at the end of this document.

[Signature of practitioner]

I, _____ hereby affirm that I am the
[Name of agent]

Person named herein as agent and that the signature affixed hereto is my signature.

I further affirm that I am _____ licensed in the State of North Dakota.
[Title of agent]

And (if applicable) am employed by /under contract with

_____. I agree to abide by
[Name of employer or contracting entity]

all the terms of this agreement and to comply with all applicable laws and regulations relating to controlled substances.

[Signature of agent]

[State license number of agent]
where applicable

[Name of employer/contracting entity] where applicable

[Address of employer/contracting entity] where applicable

Witnesses:

1. _____
[Signature] [Printed name]

2. _____
[Signature] [Printed name]

Signed and dated on the _____ day of _____ month
_____ year, at _____.

