#### Attestation of Procedure Review

#### I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and reviewed the \_\_\_ESR Auto Plus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ policy on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Date

Policy or Procedure Name

Name

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_