

(Attending Physician's Official Letterhead)

Date:

*Name
Address
Address*

RE: Certification of Clinical Treatment for Gender Transition

To Whom It My Concern:

I, _____ (physician's full name), _____ (physician's medical license or certificate number), _____ (issuing State of medical license/certificate), am the attending physician of _____ (name of patient), with whom I have a doctor/patient relationship.

_____ (name of patient) has had appropriate clinical treatment for gender transition to the new gender _____ (specify new gender male or female).

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

Sincerely,

Signature of Physician

Typed Name of Physician

Enclosures

*STATE OF IDAHO)
) ss.
County of _____)*

On this ___ day of _____, 20___, before me, the undersigned, a Notary Public in and for said State, personally appeared _____, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she/he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

*Notary Public for Idaho
Residing at _____, Idaho
Commission expires: _____*