

**Certification Of Compliance With COVID-19 Amended  
Directive And Order Regarding Various Healthcare Matters  
Pursuant to Health Secretary Neall's May 6, 2020 Amended Directive and Order  
Regarding Various Healthcare Matters**

This is to certify to the Maryland Department of Health\* that all of the conditions in the above referenced order for resumption of elective and non-urgent medical procedures have been met prior to resuming operations. A copy of this self-certification notice shall be posted prominently in the facility for the attention of patients and staff.

**Name of Managing Authority**

**Printed:** \_\_\_\_\_

**Healthcare**

**Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

\*A copy of this certificate has been emailed to: [secretary.health@maryland.gov](mailto:secretary.health@maryland.gov)