

## **Certification of Established Video Observed Therapy (VOT) Policy and Procedures**

Jurisdiction: \_\_\_\_\_

Local Assistance Subvention Award

The Contactor named above hereby certifies that a policy and procedures document has been established for the use of video observed therapy (VOT) that includes the minimum requirements as listed in the document, "California Department of Public Health Tuberculosis Control Branch Guidance for Developing a Video Observed Therapy (VOT) Policy and Procedures."

**Please sign and return this form with your funding request for video telephone(s) for use with VOT. Local assistance award funds cannot be used to purchase cell phones or computers for use by patients.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title