|  |  |  |
| --- | --- | --- |
| **cid:image001.png@01D1375A.21D27500** |  | 6666_PIPLogoScreen.jpg |

### PE 8: Deliverable C (Option Four)

**PE 8: Expanding Access to Services – *Improvements in Transgender Health (Option Four)***

**Quarter 4 Template**

1. Attestation

Please have your Medical Director (or equivalent) sign below attesting that implementation of your project plan as outlined in your Quarter 1 submission has occurred.

|  |  |
| --- | --- |
| PIP Participant Name: |  |
| *(if applicable)* Site(s) Chosen: |  |
| Please summarize how implementation of your project expanded access to transgender health services for patients at your site(s): |  |
| Medical/Executive Director Name (print): |  |
| Medical/Executive Director Signature: |  |
| Date: |  |