



## OATH OF OFFICE

**OATH**

State of Minnesota

SS:

County of Hennepin

I, Gerald T. Kaplan

do solemnly swear or affirm that I will support the Constitution of the United States and the Constitution of the State of Minnesota, and that I will discharge faithfully the duties of the office of Member Board Medical Practice in the County of \_\_\_\_\_, the State of Minnesota, to the best of my judgment and ability.

Gerald T. Kaplan

Signature

Subscribed and sworn to before me this 12 day of January 2016

Signature of Notary Public

Printed Name of Notary Public

Notary Commission Expires

MONICA RODRIGUEZ  
VIZCARRA-KAPLAN  
NOTARY PUBLIC - MINNESOTA  
My Commission Expires 01/01/2018