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*The American Academy of Pediatrics*

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Attn: Licensing Manager

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(Signature)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name and title)

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(Print name and title)

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(Date of execution)

\_\_\_\_\_  
(Date of execution)

**SCHEDULE 1**

**AFFILIATES**

**THE AMERICAN ACADEMY OF PEDIATRICS**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**LICENSEE**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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