

Recertification Attestation letter

To: AABIP Board of Directors,

This is to attest that Dr. \_\_\_\_\_ is personally known to me. I have known them for the last \_\_\_ years, in my capacity as their supervisor, section chief, division chief, or department chair. This attestation is therefore based on my personal observations and experiences.

I hereby affirm that Dr. \_\_\_\_\_ is clinically and procedurally competent in the field of Interventional Pulmonology and furthermore upholds the highest standards of morality, ethical behavior and professionalism. I further affirm their performance as the primary operator, co-operator, or supervisor of 100 interventional pulmonary procedures as a combination of airway and pleural procedures during the two years prior to the date of this attestation. The \_\_\_ airway / \_\_\_ pleural (choose one) procedures category is more dominant in their practice; the less frequent category constitutes at least 30% of your procedures with the dominant category comprising the > 50%.

If you have any further questions, please feel free to contact me.

Signature of Attester: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Contact Information:

Name of Applicant \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_