

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 other less frequent category consists of at least 30 procedures performed in the 2 years prior to the attestation date.

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: _____