

Attestation for Retirement Status

Name:

ABU ID:

With my signature, I attest that as of

I have been/will be fully retired from the practice of medicine and completely disengaged from patient care.

My ABU certificate is/was active and in good standing.

My medical license(s) is unrestricted in any jurisdiction.

I am not performing any function for which ABU certification is required.

I have no intention to return to the practice of medicine.

Signature: