



Application for AABIP Interventional Pulmonology Board Examination.

Demographic Information	
Name:	
Title:	
Address:	
DOB:	
Email:	
Phone # Office: Mobile:	
Preferred contact: (Email, Mobile, Office)	
State/Province and Medical License number:	
University/Hospital/Practice Affiliation:	
Type of Practice: -University Setting -Private Practice -Physician owned hospital -Community Hospital -Cancer Center	

Educational Background			
	Institution Name and Address	Completed (Yes/No)	Month/ Year Completed
Medical School			
Internship			
Residency			
Fellowship			
Fellowship			
Other			

Board Certification Data Board Certification Data (ABPS, ABMS, AOA, RCPSC only)		
Specialty of Certification	Certifying Body	Expiration Date

Background Information			
		Yes	No
1	Are you a current member of the AABIP?		
2	Have you ever been sanctioned or had disciplinary action by a professional review organization or medical staffing board?		
3	Have you ever been asked to surrender your license or certification?		
4	Has any disciplinary action ever been taken regarding any license which you now hold or have ever held?		
5	Have you ever had a license to practice medicine in any state or country restricted, suspended, revoked, or denied?		
6	Do you have a health problem (including drugs or alcohol) that could interfere with the safe practice of medicine, and/or have you ever been hospitalized or treated for a mental or emotional disorder, alcohol, or drug dependency in the last 10 years?		
7	Have you been convicted of a misdemeanor or felony crime that involves the practice of medicine?		

If you checked any YES to questions 2-6, please provide additional details below. Attach additional pages as needed.

I hereby certify that the information provided in this application is true and complete to the best of my knowledge.

Name of Applicant:_____

Signature of Applicant_____

Date signed_____