

**IP Practice Pathway** 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 colleague/mentor/section chief/division chief/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 that both prior to 2016 and over the past 2 years, a substantial component of the applicant’s professional activity (33% or more), whether clinical, educational, research or administrative, took place within the field of Interventional Pulmonology.

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: \_\_\_\_\_