

To: AABIP Board of Directors,

This is to attest that Dr. _____ is personally known to me. I have known him/her for the last ____ years, in my capacity as his/her program director. 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 a substantial component of the applicant's professional activity, whether clinical, educational, or research, takes place within the field of Interventional Pulmonology.

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

Program Director Name: _____

Signature of Program Director: _____

Date: _____

Program Director Email: _____

Program Director Phone Number: _____

Name of Applicant: _____

Signature of Applicant: _____

Date: _____