Attestation Letter

AABIP Certificate of Added Qualification (CAQ) in Endobronchial Valve Placement

To: AABIP Board Eligibility and Application Review Committee,

This is to attest that Dr. _____ *(full name)* is personally known to me. I have known them for the last _____ years *(add number of years)*, in my capacity as their *(circle one)* supervisor / section chief / division chief / department chair / training program director / mentor.

This attestation is therefore based on my personal observations and experiences.

I hereby affirm that Dr. _____ has completed **training** and is procedurally **competent** in patient selection for, placement of, post operative management and patient follow up of endobronchial valves (Spiration and Zephyr systems including Chartis assessment). I further affirm that I personally reviewed all their training supporting documents and existing privileges/credentials to perform the above specified bronchoscopy procedures.

Furthermore, Dr. _____ upholds the highest standards of morality, ethical behavior

and professionalism.

If you have any further questions, please feel free to contact me at info@aabronchology.org

Signature of Attester: _____

Printed Name: _____

Title: _____

Date: _____

Contact Information: _____

_____

Name of Applicant: _____

Signature of Applicant: _____

10-15-2026