Attestation letter
AABIP Certificate of Added Qualification (CAQ) in Advanced Diagnostic Bronchoscopy

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 a **training** and is procedurally **competent** in Endobronchial Ultrasound (EBUS) guided Transbronchial Needle Aspiration (TBNA) and in Guided Peripheral Bronchoscopy using Radial EBUS or one of the advanced bronchoscopy platforms (*circle one*): Robot-assisted bronchoscopy using the Monarch, ION or GALAXY navigation platforms. I further affirm that I personally reviewed all their training supporting documents (including training courses or electives at national or international locations), training certificates, and existing privileges/credentials to perform the above specified bronchoscopies.

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: _____

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