



APPLICATION FOR CHANGE IN DIPLOMATE STATUS TO RETIRED DIPLOMATE

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Please attest to the following statement by signing and providing the date in the designated area at the bottom of this form.

I request that my Diplomate status be changed to Retired Diplomate. I attest that I am not engaged in the practice of medicine and have no expectation of actively practicing medicine in the future. I understand the following:

- *I must be a Diplomate in good standing to qualify for Retired Diplomate status.*
- *As a Retired Diplomate, I will not retain active board certification status and will not be eligible for recertification.*
- *ABPS does not provide verification of board certification for Retired Diplomates.*
- *I must remit the required annual fees to maintain active Retired Diplomate status.*

Official Date of Retirement from Medical Practice _____

Signature of Diplomate: _____

Date: _____

Return by mail or fax:

Fax: 813-830-6599

AAPS Membership Office,
5550 West Executive Dr, Suite 400
Tampa, FL 33609