



## 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

American Board of Physician Specialties  
5550 West Executive Dr, Suite 400  
Tampa, FL 33609