AFFIDAVIT OF COMPLIANCE

State of)
County of) SS:
I,state as follow	rs:	, under oath, duly sworn, hereby certify, swear, affirm and
(1) this affidavit i		at primary office address and contact information as of the date of
	A	Address:
	(City:
	S	State:
	2	Zip Code:
	I	Phone: ()
	I	Fax: ()
	I	Email:
	· · · · · · · · · · · · · · · · · · ·	Please attach additional information on separate sheets if necessary if Affiant has more than one office.)
(2) unrestricted an	Affiant states and not subject to	all medical/osteopathic licenses in all states are current, clear, probation;
(3) Federally-Fun		t received any reprimand from any Professional Organizations, d Medical Staff Membership Organizations;
(4) relinquished, 1		otics registration has not been suspended, limited, voluntarily bject of a previously successful or currently pending challenge;
(5)	Affiant has not	been convicted of a felony;
(6)	Affiant has not	been charged with any ethics violations;
(7) which might is manner;		ot have any past or present alcohol or drug dependency or abuse ffiant's ability to practice Cosmetic Surgery in a safe and ethical
(8) Certification;	Affiant has pro	oof of current Basic Life Support with External Defibrillator

(9) Affiant has completed and attached hereto the Candidate Application Authorization;

- (10 Affiant has completed fifty (50) CME or equivalent credit hours related to the clinical practice of hair restoration surgery over the preceding three (3) years. Affiant has attended at least one (1) ISHRS sponsored hair related meeting over the preceding three (3) years.
- (11) Affiant who holds an IBHRS certificate has for the immediate three (3) year period completed (100) CME credit hours, at least 30% of which must be either ISHRS sponsored or any hair related hours from programs put on by member societies of the Global council of the ISHRS. See ISHRS website www.ISHRS.com for list of member societies. The remaining hours may be any AMA or AOA APR Category 1 credits must be verifiable educational credit hours which may or may not be hair related. At least one ISHRS Annual Meeting must be attended. In addition, another ISHRS sponsored hair related meeting must be attended. For purposes of this paragraph this may include another ISHRS Annual Meeting.
- (12) Affiant has in his/her possession patient satisfaction summary results totaling eight (8) surveys per year for the past three (3) years (total = 24 surveys) which Affiant can submit upon request; or Affiant may provide proof of an internal chart review as normally required by an accrediting agency such as TJC, AAAHC, AAAASF, IMQ, MEDICARE or a similar accrediting body;
- (13) AFFIANT STATES THAT IF HE/SHE IS SELECTED IN THE 10% AUDIT PROCESS HE/SHE IS ABLE TO FURNISH WRITTEN PROOF OF ANY OF THE FOREGOING REPRESENTATIONS UPON REQUEST. APPLICANT FURTHER UNDERSTANDS THAT IF HE/SHE FAILS TO PROVIDE SUCH REQUESTED INFORMATION HIS/HER ABHRS CERTIFICATION SHALL BE SUBJECT TO TERMINATION.

Affiant states no more.	
	Affiant Name
	Date
Subscribed and sworn to before me This day of, 20	
Notary Public	

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