## 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		nt primary office address and contact information as of the date of
		Address:
		City:
		State:
		Zip Code:
		Phone: ()
		Fax: ()
		Email:
		(Please attach additional information on separate sheets if necessary if Affiant has more than one office.)
(2) unrestricted ar	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, and Medical Staff Membership Organizations;
(4) relinquished, 1		otics registration has not been suspended, limited, voluntarily abject 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 p	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 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;
- (12) AFFIANT STATES THAT IF HE/SHE IS SELECTED IN THE 20% 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
Subscribed and sworn to before me This day of , 20	Date
Notary Public	

O:\ABHRS\Recertification Examination Items\New Forms Replaces Application-June 2018\AFFIDAVIT OF COMPLIANCE New Version as of 8.15.23.docx