

**AFFIDAVIT REGARDING NUMBER OF YEARS IN PRACTICE**

Complete as appropriate

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS  
COUNTRY OF \_\_\_\_\_ )

Affiant (applicant) \_\_\_\_\_  
(insert applicant name)

upon oath, duly sworn hereby certify to the American Board of Hair Restoration Surgery  
that I have been in private practice in the field of Hair Restoration Surgery

since \_\_\_\_\_ / \_\_\_\_\_  
(insert month) / (insert year)

Affiant states no more:

\_\_\_\_\_  
Affiant (applicant) Signature

Witness certifies this affidavit was signed by the above named applicant:

\_\_\_\_\_  
Witness Signature

Date: \_\_\_\_\_, 20\_\_\_\_