

**Self Declaration Of CME Attendance for MOC Requirements**

Date: \_\_\_\_\_

To: American Board of Hair Restoration Surgery

I, \_\_\_\_\_, certify that I have met the CME attendance for the immediate prior three year period evidencing at least 100 verifiable AMA or AOA PRA Category I Credits.

I understand that the ABHRS may request written proof of completion of this CME requirement at anytime to verify this self declaration.

Sincerely,

\_\_\_\_\_  
Signature