

AMERICAN BOARD OF PULMONARY DISEASE

51 N. 3rd STREET, SUITE 103

PHILADELPHIA, PA 19106

E-mail: certification@linuxmail.org

May 31, 2019

**IMPORTANT NOTIFICATION REGARDING ALL CERTIFICATION IN PULMONARY DISEASE:
COMPLETE REQUIREMENTS BY JUNE 15, 2019 IN ORDER TO PREVENT A CHANGE IN
DIPLOMATE STATUS. THIS IS A MANDATORY REPORT AND A VERY IMPORTANT
REQUIREMENT TO CONTINUE CERTIFICATION IN PULMONARY DISEASE AT THIS TIME.
YOU ARE ON RECORD HAVING FAILED TO PREVIOUSLY REGISTER, AND MUST COMPLY.**

Dear Doctor [REDACTED],

Certification Status Verification of Diplomates requires, in order to continue having Diplomate status: for Medicare, Obamacare, the new enforcement of the U.S. Code Title 18 Section Number 1861, [42 U.S.C. 1395x] Part E, by the United States Government, enforcement has already begun closing down hospitals in the state of Idaho and requires filling out of list of hospitals presently being used, listing of states where you are licensed, update of present practice address, update of e-mail address, update of phone number, statement regarding any malpractice cases recently filed against you, statement of present subspecialties in Pulmonary Disease, date of last examination in Pulmonary Disease, statement as to whether you are still in Pulmonary Disease practice, and certification confirmation fee payment of \$500 for Pulmonary Disease Certification Status Verification at this time. The certification confirmation registration does not constitute new Pulmonary Disease diplomate certification or recertification.

Information is kept absolutely confidential and no information is shared or allowed to be given and is for the registration records of physicians and is given voluntarily for our exclusive records. According to those records, you have failed to previously register.

The confirmation of certification status verification is being done as required now under Obamacare (Affordable Health Care Act) in conformity with legal requirements and in cooperation with U.S. Government and all requests for information. Pulmonary Disease verification of certification confirmation requires the enclosed registration.

Payment with check or money order made to: American Board of Pulmonary Disease.

Certification Confirmation Registration Form and Fee should be received no later than June 15. Certification Confirmation Registration fee is fully tax deductible. We request that the matter of registration be taken care of as soon as possible. There are no extenuating circumstances. Note: All Pulmonary Disease sub-specialties require certification in Pulmonary Disease for their continuation of validity and documentation confirmation.

American Board of Pulmonary Disease Committee on Certification Confirmation

THE PURPOSE OF THIS DOCUMENT IS TO PROVIDE INFORMATION TO THE PUBLIC REGARDING THE RECORDS DESTRUCTION COMMISSION'S RECOMMENDATIONS AND DECISIONS. THIS DOCUMENT WILL NOT BE REVIEWED BY THE RECORDS DESTRUCTION COMMISSION. THE RECORDS DESTRUCTION COMMISSION'S RECOMMENDATIONS AND DECISIONS WILL BE COMPLETELY FINAL AND BINDING.

RECOMMENDATIONS AND DECISIONS

The Commission has reviewed the records of the [Organization Name] and has determined that the records are not exempt from public release. The Commission has recommended that the records be released to the public. The Commission has also determined that the records are not exempt from public release. The Commission has recommended that the records be released to the public. The Commission has also determined that the records are not exempt from public release. The Commission has recommended that the records be released to the public.

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CERTIFICATION CONFIRMATION REQUIRED FORM

PREFERRED SPELLING OF NAME AND DEGREE:

UPDATE OF PRESENT PRACTICE ADDRESS:

E-MAIL :

OFFICE PHONE :

CELL PHONE:

LISTING OF STATES WHERE YOU ARE LICENSED:

LISTING OF HOSPITALS PRESENTLY USED:

STATEMENT REGARDING ANY MALPRACTICE CASES FILED AGAINST YOU IN PAST YEAR:

STATEMENT REGARDING ANY MALPRACTICE CASE JUDGEMENT OR SETTLEMENT IN PAST YEAR:

STATEMENT OF ALL BOARDS CERTIFYING YOU:

DATE OF LAST CERTIFYING OR RECERTIFYING EXAMINATION IN PULMONARY DISEASE:

DATE OF LAST CERTIFYING OR RECERTIFYING EXAMINATION IN ANY MEDICAL SPECIALTY:

STATEMENT AS TO WHETHER YOU ARE STILL IN PULMONARY DISEASE PRACTICE:

STATEMENT YOU WILL NOT DISCRIMINATE AGAINST HOMOSEXUAL, LESBIAN, OR TRANS-SEXUALS:

STATEMENT THAT YOU WILL NOT DISCRIMINATE AGAINST ANY PATIENT REGARDING RELIGIOUS BELIEF:

STATEMENT THAT YOU WILL NOT DISCRIMINATE AGAINST FOLLOWERS OF THE RELIGION OF ISLAM:

STATEMENT YOU WILL NOT DISCRIMINATE AGAINST ANY MIGRANT OR NON-DOCUMENT PERSON:

STATEMENT YOU WILL NOT DISCRIMINATE AGAINST ANYONE BASED ON ETHNICITY:

STATEMENT YOU WILL NOT DISCRIMINATE AGAINST ANYONE BASED ON NATION OF ORIGIN:

STATEMENT YOU WILL NOT DISCRIMINATE AGAINST ANYONE BASED ON DISABILITY:

I HEREBY AFFIRM THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY ABILITY AND I WISH TO CONTINUE CERTIFICATION IN PULMONARY DISEASE.

SIGNED _____ DATE _____

SEND THIS FORM, SIGNED AND DATED, AND FEE OF \$500 MADE TO:

AMERICAN BOARD OF PULMONARY DISEASE

AS YOU FAILED TO PREVIOUSLY REGISTER, YOU ARE REQUIRED TO SEND AT THIS TIME.

SEND DIRECTLY TO THE FULL COMMITTEE, SEND TO:

AMERICAN BOARD OF PULMONARY DISEASE

COMMITTEE ON CERTIFICATION CONFIRMATION

51 N. 3rd STREET, SUITE 103

PHILADELPHIA, PA 19106

FILL IN THIS FORM WITH PAYMENT AND EXPECT CONFIRMATION TO BE COMPLETE WITHIN 60 DAYS

FORM WILL NOT BE VIEWED WITHOUT THE REQUIRED CERTIFICATION CONFIRMATION FEE.

THE REQUIRED CERTIFICATION CONFIRMATION FEE IS FULLY TAX DEDUCTIBLE.

THE LAST DAY OF ACCEPTANCE OF CERTIFICATION CONFIRMATION IS JUNE 15, 2019