



ABP Release Statement

I understand that by signing this form, I agree to the release of my American Board of Pediatrics (ABP) certification status or initial certification examination acceptance status to be addressed to my attention or to the party indicated below.

I understand that for diplomates of the ABP, the certification year, the certificate number, the current certification status, and status in the Maintenance of Certification (MOC) program will be provided.

I understand that candidates who have not been certified by the ABP will receive the year that the application to the certifying exam was accepted, and the final date by which the certification must be achieved.

I understand that the ABP must receive a signed release form each time a verification of certification or verification of initial certification examination acceptance status is requested.

Name

Last four digits of the SSN or SIN

ABP ID#

Signature of Diplomate/Candidate

Date

- I hereby authorize the ABP to release the history of my certification or initial certification examination acceptance status, as applicable, to my attention at the address below:

- I hereby authorize the ABP to release the history of my certification status or initial certification examination acceptance status to the party indicated below:

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