



## THE AMERICAN BOARD OF PATHOLOGY REQUEST FOR RETIRED STATUS

Certification with the American Board of Pathology (ABPath) is a significant achievement. ABPath wishes to continue recognizing physicians as diplomates after they have stopped actively practicing medicine and no longer wish to maintain their medical license and certifications.

To opt into the Retired status with ABPath, please complete this form and submit it to [john@abpath.org](mailto:john@abpath.org). Form must be submitted via email. Requests will be processed within two weeks of receipt.

### **Contact Information:**

Please provide your personal information as it currently appears in ABPath's records.

Full Name:

Date of Birth:

ABPath ID# (if known):

Please provide your current contact information. This information will replace what is in ABPath's record if different from what ABPath has on file.

Email Address:

Address Line 1:

Address Line 2:

Address Line 3:

City and State

Zip Code

Country

Phone Number:

**In order to be eligible for Retired status with ABPath you must read section IX of ABPath's [Continuing Certification Booklet of Information \(CC BOI\)](#) and attest that the Retired status currently applies to you.**

I attest that I have read and understand section IX of the CC BOI (Diplomates Retiring from Active Practice) and I am currently eligible for the Retired status.

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**Certification with Other ABMS Member Boards:**

Please check this box if you are currently certified with another ABMS Member Board in addition to ABPath.

*Note: Upon receipt of a request for Retired Status, ABMS will notify all Member Boards of any changes for diplomates who have more than one active certification. The date of notification shall be listed in publicly reported profiles.*

**Notice of Change in Status:**

I agree and understand that if my status changes and I no longer meet the criteria for Retired status I will report the change to ABPath and all other ABMS Member Boards from which I currently hold a certificate.

Signature \_\_\_\_\_

Date