

AMERICAN BOARD OF CARDIOVASCULAR DISEASE  
CHAIRMAN OF CERTIFICATION CONFIRMATION  
COMMITTEE ON CERTIFICATION CONFIRMATION  
51 N. 3<sup>rd</sup> STREET, SUITE 103  
PHILADELPHIA, PA 19106

March 25, 2019

**IMPORTANT NOTIFICATION:**

**COMPLETE REQUIREMENTS BY APRIL 15, 2019 IN ORDER TO PREVENT A CHANGE IN  
DIPLOMATE STATUS. THIS IS A MANDATORY REPORT AND AN IMPORTANT  
REQUIREMENT TO CONTINUE CERTIFICATION IN CARDIOLOGY**

Dear Doctor [REDACTED]

Certification Status Verification of Diplomates now requires, in order to continue having Diplomate status: for Medicare, Obamacare, U.S. government Title 18 Section Number 1861, [42 U.S.C. 1395x] Part E, requiring 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 cell phone number, statement regarding any malpractice cases recently filed against you, statement of your present subspecialties in Cardiology, date of last examination in Cardiology, statement as to whether you are still in Cardiology practice, and certification confirmation fee payment of \$500 for Cardiology registration at this time. The certification confirmation registration does not constitute new Cardiology 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 of and for no other use whatsoever. The certification status verification is being done as required now under Obamacare (Affordable Health Care Act) and in conformity with legal requirements and in cooperation with all U.S. Government requests for information. We will continue certifications in Cardiology as long as certification confirmation requirement is satisfied. Your cooperation is necessary at this time. Payment with check or money order made to: American Board of Cardiovascular Disease Certification Confirmation Registration Form and Fee should be received no later than April 15, 2019. 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 cardiology sub-specialties require certification in cardiology for their validity.

I. Cohen, M.D., Chairman, Committee on Certification Confirmation

E-mail: [certification@linuxmail.org](mailto:certification@linuxmail.org)

**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 SUBSPECIALTIES IN CARDIOLOGY:

DATE OF LAST CERTIFYING OR RECERTIFYING EXAMINATION IN CARDIOLOGY:

DATE OF LAST CERTIFYING OR RECERTIFYING EXAMINATION IN ANY CARDIOLOGY SUBSPECIALTY:

STATEMENT AS TO WHETHER YOU ARE STILL IN CARDIOLOGY 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 CARDIOLOGY

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

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

**AMERICAN BOARD OF CARDIOVASCULAR DISEASE**

SEND DIRECTLY TO THE FULL COMMITTEE TO EXPEDITE, SEND TO:

**AMERICAN BOARD OF CARDIOVASCULAR DISEASE**

**COMMITTEE ON CERTIFICATION CONFIRMATION**

**51 N. 3<sup>rd</sup> 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 APRIL 15, 2019