American Board of Oriental Reproductive Medicine
(ABORM)
FORM 4: DECLARING PRACTICE PERIOD AND VOLUME BASED ON PRESCRIBED EVIDENCE

IN THE MATTER OF: Application to document practice experience in order to apply for Board Certification in Oriental Reproductive Medicine.

I, _____ currently residing at
(Name of Practitioner)

_____
(Address of Practitioner)

do solemnly declare that the evidence I have provided is a true reflection of my Traditional Chinese Medicine practice, from _____ to _____.
(year and month, dates if possible)

During this period, I have treated not less than 20 Infertility patients totaling not less than 150 patient hours.

By way of evidence, I have provided the following evidence before a Notary Public or Lawyer *(cross off the ones that do not apply):*

- Visitation Summary chart (Form 4A), and I have provided the Notary Public or Lawyer_____(number) pages of the Visitation Summary chart and have satisfied the Notary Public or Lawyer that the information contained in the summary are based on my patient records with incomplete patient information;
- Patient testimonies, and I have provided the Notary Public or Lawyer with _____ (number) affidavits from my patients;
- 10 confidential case histories demonstrating a clear understanding of the etiology, pathology, diagnosis and treatment of male and female infertility from both a Western and TCM framework.

I make this declaration in support of my application for a license to document practice experience in order to apply for Board Certification in Oriental Reproductive Medicine. And I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at: _____ This ____ day of _____

_____ _____
Signature of Notary Public or Lawyer Signature of Practitioner