American Board of Oriental Reproductive Medicine
(ABORM)
FORM 3: DECLARING ACCURACY OF VISITATION

IN THE MATTER: 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 attached Visitation Record (Form 2) totaling _____ pages, are true and accurate presentations based on my original patient records.

I make this declaration in support of my application 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