

Letter of Attestation for Practice Option of ABII 10-Year Requirements

Date:

This note is to confirm that (insert name of diplomate submitting project) was the (insert diplomate's position or job on project) on a quality improvement project for (insert name of facility) that was completed (insert dates of project). The project was (insert description of project). Duties included (state duties completed by the project team).

I declare that the above statements are true and accurate to the best of my knowledge, information and belief.

Sincerely,

Insert signature

(Name of Project Lead or Project Manager)

Project Manager/Project Lead