

## Practitioner HIV/AIDS Attestation

Return by Fax To: David Guernsey, CPMSM, CPCS  
Fax Number: 855-631-0413 or email dguernsey@stanfordmed.org

No, I do not wish to be designated as a HIV/AIDS specialist.

Yes, I do wish to be designated as a HIV/AIDS specialist based on the below criteria:

I am credentialed as a "HIV Specialist" by the American Academy of HIV Medicine.

**OR**

I am board certified in HIV Medicine or have earned a Certificate of Added Qualification in the field of HIV medicine by a member board of the American Board of Medical Specialties;

**OR**

I am board certified in Infectious Disease and in the past 12 months have clinically managed at least 25 HIV patients and completed 15 hours of category 1 CME in HIV medicine, five hours of which was related to antiretroviral therapy;

**OR**

In the past 24 months, I have provided clinical management to 20 HIV patients and in the past 12 months have completed board certification in Infectious Disease;

**OR**

In the past 24 months I have provided clinical management to 20 HIV patients and in the past 12 months have completed 30 hours of category 1 CME in HIV medicine;

**OR**

In the past 24 months I have clinically managed at least 20 HIV patients and in the past 12 months have completed 15 hours of category 1 CME in HIV medicine and successfully completed the HIV Medicine Competency Maintenance Examination administered by the American Academy of HIV Medicine.

I attest that, to the best of my knowledge, the above information can be supported by documentation (if required).

Physician's Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (required) \_\_\_\_\_ License # \_\_\_\_\_

Telephone # \_\_\_\_\_

Name and Title of Person Submitting Form \_\_\_\_\_