

AFFIDAVIT REGARDING NUMBER OF YEARS IN PRACTICE

Complete as appropriate

STATE OF _____)
)
 COUNTY OF _____) SS
 OR PROVINCE _____)
)
 COUNTRY OF _____)

Affiant (applicant) _____
 hereby swear (or affirm) and certify to the American Board of Facial Cosmetic Surgery that I have
 been in private practice in the field of Facial Cosmetic Surgery

since _____ / _____.
 (insert month) (insert year)

Affiant states no more:

 Affiant (applicant) Signature

Witness certifies this Affidavit was signed by the above named applicant:

 Witness Signature

Date: _____, 20____.