

**HIV/AIDS SPECIALIST
ATTESTATION FORM
Part I**

An "HIV/AIDS specialist" refers to a physician who holds a valid, unrevoked and unsuspended certificate to practice medicine in the state of California, and who meets any of the following four criteria:

1. Is credentialed as an "HIV Specialist" by the American Academy of HIV Medicine: or
2. Is board certified, or has earned a certificate of Added Qualification, in the field of HIV Medicine granted by a member board of the American Board of Medical Specialties, should a member board of that organization establish board certification, or a Certificate of Added Qualification, in the field of HIV medicine: or
3. Is board certified in the field of Infectious Diseases by a member board of the American Board of Medical Specialties and meets the following qualification:
 - A. In the immediately preceding 12 months has clinically managed medical care to a minimum of 25 patients who are infected with HIV; and
 - B. In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients, including a minimum of 5 hours related to antiretroviral therapy per year; or
4. Meets the following qualifications:
 - A. In the immediately preceding 24 months has clinically managed medical care to a minimum of 20 patients who are infected with HIV; and
 - B. Has completed any of the following:
 - i. In the immediately preceding 12 months has obtained board certification or recertification in the field of infectious diseases from a member board of the American Board of Medical Specialties; or
 - ii. In the immediately preceding 12 months has successfully completed a minimum of 30 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients; or
 - iii. In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection combined with diagnosis, treatment, or both, or HIV-infected patients and has successfully completed the HIV Medicine Competency Maintenance Examination administered by the American Academy of HIV Medicine.

I attest that I meet the qualifications of an HIV/AIDS Specialist as indicated above. I have attached appropriate supporting documents (i.e., American Academy of HIV Medicine certificate, CME certificates).

Print Name: _____

Signature _____ **Date:** _____

Note: Authority cited: Section 1344, Health and Safety Code, Reference: Section 1344 and 1374.16, Health and Safety Code.

