

Changing Your ABA Status to "Retired"

Revised: January 2026

Definition of a "retired" diplomate: All physicians who retire with an active certificate free of restrictions, and with an attestation that they are no longer engaged in patient care and not performing any function for which board certification is required.

**Please complete the attestation form below to request a "retired" status.
Fax it to (866) 999-7503 or email it to credentialing@theaba.org.**

- To retire in good standing, you need to have:
 - a valid certificate or be in our continuing certification program, MOCA®
 - no unresolved, adverse actions pending or imposed against any of your medical licenses at the time of retirement
- If you have a time-limited certificate that is valid at the time of your retirement, your designation will be changed to "retired" until your certificate's expiration date. This designation will appear in our records and our online certification verification directory. We will also report the designation of your "retired" status to the American Board of Medical Specialties
- If you hold a time-limited certificate and are designated as "retired," you will NOT be required to fulfill any MOCA requirements
- There is no minimum period of time that you must be retired before requesting the "retired" status. The effective date will be the date we acknowledge the status change.
- If you retire with adverse actions imposed against your medical license(s), you will have no designation in our records and our online certification verification directory

ATTESTATION FORM TO REQUEST RETIRED STATUS

Name: _____

Date of Birth: _____

ABA ID Number: _____

1. Indicate the date you discontinued or plan to discontinue practice as defined above:

____/____/____

2. I am retiring and do not plan to perform, teach or supervise the practice of anesthesiology or a recognized anesthesiology subspecialty at any time in the future:

Yes No

3. Do you have a restriction, condition, limitation, suspension or revocation currently imposed on any medical license? This includes voluntarily surrendering a medical license.

Yes No

If “Yes,” please also submit a statement that provides details of any disciplinary action(s), including the date(s), the subject matter and any sanctions.

NOTE: It is your responsibility to notify us if you choose to resume practice and to request that the “retired” designation be removed from your records. We will require evidence that you meet the minimum clinical activity requirement by having practiced anesthesiology or a recognized subspecialty, on average, at least one day per week during 12 consecutive months over the previous three years. Our Credentialing Committee will determine when the “retired” designation can be removed from your record and which MOCA requirements you must fulfill (if you hold a time-limited certificate). The \$1,000 fee for re-attaining your certification must be submitted via check made payable to The American Board of Anesthesiology. All fees are nonrefundable.

Signature: _____

Date: _____