



# AMERICAN BOARD OF OPHTHALMOLOGY

A Founding Member Board of the American Board of Medical Specialties (ABMS)

Contact the Executive Office:  
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## Retired Status

Effective: January 1, 2017

Diplomates no longer engaged in the active practice of ophthalmology and who have ended their professional career may notify the Board to establish Retired status by submitting this form to [info@abop.org](mailto:info@abop.org). Submission constitutes your official notification and acknowledgement of the following requirements:

- Diplomates who are no longer engaged in the practice of ophthalmology and have ended their working or professional career.
- Diplomates will be publicly reported as “Retired” along with their certification history.

Retired Status is not available to diplomates who have voluntarily or involuntarily suspended practice with the intention to return at a later date. This includes, but is not limited to:

- Temporary leaves of absence
- Temporary interruption of current practice for illness or disability

Diplomates holding Non-Time-Limited and Time-Limited Certificates can report their Retired Status by filling out the Retired Status form.

**The American Board of Ophthalmology  
REQUEST FOR RETIRED STATUS**

Diplomates no longer engaged in the active practice of ophthalmology and have ended their working or professional career can notify the Board to retain their standing as a Certified Retired Diplomate of the ABO. All requests and any supporting documentation should be emailed to [info@abop.org](mailto:info@abop.org).

If you have retired from the active practice of ophthalmology and have ended your professional career, please fill out and submit this form to the ABO. Submitting this form constitutes your official notification and acknowledgement of the following requirements:

- You have reviewed and understand the American Board of Ophthalmology’s “Retired Status Policy”. You are not practicing ophthalmology.
- You understand that the ABO will remove you from reminder and campaign lists (both regular mail and email).
- You confirm that all information provided below is true and accurate.

**Section A: Relevant Dates**

**A1.** Date of retirement: \_\_\_\_\_

**A2.** Current certification expiration date: \_\_\_\_\_

**Section B: Biographical Information**

**B1.** Name: \_\_\_\_\_  
Last First Middle Initial

**B2.** Home Address:

Street

City State/Province Zip/Postal Code

Country

Daytime Telephone Number Alternate Telephone Number

E-mail address

**Section C: Certification and Authorization**

I understand and agree to the following:

1. I am not engaged in the practice of ophthalmology.
2. I wish to be publicly reported as “Retired” on the Verify a Physician tool on the ABO’s website. The ABO will retain my certification history and publicly report it on the Verify a Physician tool.
3. To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that if ABO determines that false information or false statements have been presented on this request form or in connection with my request for retired status, the ABO has the right to deny the request and to take other actions consistent with its policies.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_