

**Partnership HealthPlan of California  
Identification and Notification of HIV/AIDS Specialist  
Attestation Questionnaire**

- ☐ No, I do not wish to be designated as an HIV/AIDS specialist.
- ☐ Yes, I do wish to be designated as an HIV/AIDS specialist based on the criteria below:
- ☐ I am credentialed as an "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 board member 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\_\_\_\_\_

Physician's Signature\_\_\_\_\_ License #\_\_\_\_\_

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

Name of Group or Practice\_\_\_\_\_

Address\_\_\_\_\_