

**INSTRUCTIONS FOR COMPLETION OF AFFIDAVIT FOR EXEMPTION AS A RETIRED
PHYSICIAN**

In order to document your status as a retired physician, please complete the Affidavit for Exemption as a Retired Physician. The enclosed affidavit must be completed and should be forwarded with a copy to the Department of Health and a copy to NICA. The notary should be clear on both copies.

Thank you for your prompt attention to this matter.

Copies furnished to:

Department of Health
Florida Board of Medicine
4052 Bald Cypress Way
BIN #C-03
Tallahassee, FL 32399-1753

NICA
PO Box 14567
Tallahassee, FL 32317-4567

AFFIDAVIT FOR EXEMPTION AS A RETIRED PHYSICIAN

I, _____, holder of a medical license number _____, valid from _____ to _____, issued by the State of Florida, department of Health, do hereby swear and affirm that:

(a) I am not connected directly or indirectly with, or participate in, **any medically related** occupation or field for compensation.

a. (Check One)

_____ I am not currently employed by any person firm or other entity including self-employment.

_____ I am currently employed by:

a. I currently reside in _____ County, Florida, and the following is my current address and telephone number:

a. I acknowledge that this statement is given under oath for the express purpose of obtaining an exemption from the payment of that certain assessment required by Chapter 766, Florida Statutes, of all licensed physicians in the State of Florida, and that this Affidavit is to be filed with the State of Florida, Department of Health, and the Florida Birth-Related Neurological Injury Compensation Association for purposes of obtaining such exemption, and that materially false statements, in order to obtain this exemption, may result in fine, suspension or revocation of my current medical license.

Physician Signature

Effective Date of Retirement

DATED this _____ day of _____, 20_____.

Sworn to and subscribed before me this _____ day of _____ 20_____ .

NOTARY PUBLIC

My Commission Expires: