

APPLICATION FOR  
SPECIAL EMERITUS CERTIFICATION

I, \_\_\_\_\_, MD, submit this affidavit to apply for a Special Emeritus Certification.

I certify to the North Dakota Board of Medicine:

1. I will render no medical services in the State of North Dakota after the date of this Affidavit. If I should wish to practice in North Dakota hereinafter, I recognize I will need to reapply for licensure.
2. I understand that a special emeritus certification does not permit me to practice medicine in North Dakota.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2026

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Signature