



AMERICAN BOARD *of* MEDICAL ACUPUNCTURE

OPTIMA ULTRIUSQUE ARTIS MEDICINAE • FOUNDED IN 2000

BOARD CERTIFICATION APPLICATION

EXECUTIVE OFFICE

1970 East Grand Avenue, Suite 330
El Segundo, California 90245
310.364.0193 voice • 310.364.0196 fax

Fourth Edition / December 2008

ABMA BOARD CERTIFICATION APPLICATION

Name

Date of Birth and Birthplace

Office Address

City / State / Zip Code

Phone

Fax

Email

Home Address

City / State / Zip Code

Phone

Fax

Email

SPECIALTY:

SUBSPECIALTIES:

EDUCATION/DEGREES:

Colleges Attended, Dates, and Degrees Granted:

Medical School (name[s] and address[es]):

Dates of Attendance:

Degree[s] Earned/Date[s] of Graduation:

Internship (hospital name[s] and address[es]):

Date[s] of Service:

Specialty[ies]:

Residency (hospital name[s] and address[es]):

Date[s] of Service:

Specialty[ies]:

Fellowships (hospital name[s] and address[es]):

Date[s] of Service:

Specialty[ies]:

Are you certified in any other Specialties? If yes, list certification(s) and dates.

Medical Licensure (*State[s] and number[s].*):

Current Hospital Affiliation (*Names and addresses.*):

1.	_____	Acupuncture Privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	Acupuncture Privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	Acupuncture Privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No

Membership in Acupuncture Organizations:

Membership in Other Medical Organizations:

Teaching Appointments:

Publications (*Papers written or read before medical societies. If published cite reference[s]. Attach separate sheet if necessary.*):

Formal Medical Acupuncture Training Courses

Please give Title, Sponsoring Organization, Address, Hours of Training, and Dates of each course. Attach copies of certificates of attendance/completion for each.

Additional Medical Acupuncture Training and Seminars. List courses, attendance dates and attach copies of certificates of attendance/completion for each.

(please complete other side)

ABMA BOARD CERTIFICATION APPLICATION continued

REFERENCES

Please enter the name, address and phone number for each of your physician references below. Attach the confidential letters of reference from each reference to this application.

1. _____

2. _____

3. _____

Date and Signature of Applicant *(This application must be signed and dated.)*:

IF NECESSARY, USE ADDITIONAL SHEETS OF PAPER TO PROVIDE COMPLETE INFORMATION IN YOUR APPLICATION .

CERTIFICATION APPLICATION FEES AND CHECK LIST

IMPORTANT (Check which of the following documents are enclosed with this application):

- A copy of active State Medical License. Signed and dated Affidavit.
- Copies of Certificate(s) evidencing at least 300 hours of training in acupuncture. Total fee in U.S. dollars enclosed/or credit card info completed.
- 3 Confidential letters of reference from Physicians. Signed and dated Application Form.

CERTIFICATION EXAMINATION AND PROCESSING FEE \$750 (\$250 processing fee/\$500 examination fee)

CERTIFICATION APPLICATION ONLY PROCESSING FEE \$250
(For applicants who have previously met the examination requirements.)

FEE ENCLOSED \$ _____

Board Certification Application processing fee must accompany completed application and is payable only in U.S. dollars. Payment may be made via check, money order, or Visa and MasterCard.

Make check or money order payable to and mail to: DIRECTOR OF BOARD CERTIFICATION, AMERICAN BOARD OF MEDICAL ACUPUNCTURE, 1970 East Grand Avenue, Suite 330, El Segundo, California 90245; 310.364.0193 voice, 310.364.0196 fax

If paying by credit card please fill out information below: Visa MasterCard

Credit Card Number _____ Expiration Date _____

Name As It Appears on the Credit Card _____

Signature As It Appears on Credit Card _____ Date _____

FOR OFFICE USE ONLY — DO NOT WRITE IN THIS SPACE

Fee Received / Date _____ Received by the Secretary _____

References Completed _____ Action _____

Referred to the Certification Board _____ Action _____

Presented the the ABMA _____ Action _____