



# AMERICAN BOARD *of* MEDICAL ACUPUNCTURE®

OPTIMA ULTRISQUE ARTIS MEDICINAE • FOUNDED IN 2000

## BOARD CERTIFICATION APPLICATION

### **EXECUTIVE OFFICE**

2512 Artesia Boulevard, Suite 230  
Redondo Beach, California 90278  
310.379.8261 voice • 310.379.8283 fax

*Seventh Edition / January 2024*

# 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)

**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 by credit card (Visa, MasterCard, or American Express).

**MAKE CHECK OR MONEY ORDER PAYABLE TO: AAMA**

Mail check and completed application to: Director of Board Certification, ABMA  
2512 Artesia Boulevard, Suite 230, Redondo Beach, California 90278

For more information, call 310.379.8261 (voice), or fax to 310.379.8283

If paying by credit card please fill out information below.  Visa  MasterCard  American Express

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 to the ABMA \_\_\_\_\_ Action \_\_\_\_\_