

ABMA
Application for Re-certification

Name: _____
Date of Birth and Birthplace: _____
Office Street Address: _____
City / State / Zip Code: _____
Phone: _____
Fax _____
Email: _____

Home Address: _____
City / State / Zip Code: _____
Phone: _____

Year of ABMA Certification: _____

Describe the nature of your current practice (Sole practitioner, group practice, etc., percentage acupuncture; working full time, part time, retired, etc.)

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

Medical Licensure (State[s] and expiration dates of each:

Current Hospital Affiliations with Acupuncture Privileges with City, State for each:

Current Teaching Appointments: _____

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

Continuing Education in Medical Acupuncture:

Applicants for re-certification must report 150 hours of continuing education in medical acupuncture. Complete the separate form to report Continuing Education courses completed over the last ten years.

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

Signature: _____ Date: _____

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APPLICATION FEES and check list

THE FOLLOWING ITEMS ARE TO BE SUBMITTED WITH APPLICATION:

- 1.) Payment of Application Fee of \$250
- 2.) Completed and signed Application for Re-certification.
- 3.) 2 Case Reports
- 4.) Continuing Acupuncture Education Reporting Form

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

Make check or money order payable to ABMA and mail to:

AMERICAN BOARD OF MEDICAL ACUPUNCTURE

1970 East Grand Ave. #330

El Segundo, CA 90245

If paying by credit card please fill out information below:

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 _____

Education verified _____ Action _____

Referred for Case Review Evaluation _____ Action _____

Presented to Board of ABMA _____ Action _____