



OPTIMA ULTRISQUE ARTIS MEDICINAE · FOUNDED IN 2000

### 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:

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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.) Signed Affidavit regarding Continuing Acupuncture Education or Completed Continuing Education 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/MasterCard.

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

AMERICAN BOARD OF MEDICAL ACUPUNCTURE  
2512 Artesia Blvd Ste 200  
Redondo Beach, CA 90278

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 \_\_\_\_\_

<b>FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE</b>	
Fee Received / Date	_____
Received by the Secretary	_____
Education verified	_____ Action _____
Referred for Case Review Evaluation	_____ Action _____
Presented to Board of ABMA	_____ Action _____