

2009 Board Certification EXAM APPLICATION



APPLICATION SUBMISSION STEPS

1. Fill out this application form completely.
2. Gather the items above with a copy of the following documents:
 - A. A signed and notarized ABBM Declaration and Consent form
 - B. A copy of your State Medical License
 - C. A copy of your DEA registration certificate
 - D. Evidence of completing a medical residency
 - E. CME award letters for all 100 CME credits in Bariatric medicine
3. Send all materials to:
 ABBM, 2821 S. Parker Rd, Suite 625, Aurora, CO 80014 or Fax: 303-752-4001.
 Be sure to keep a copy of your application for your records.

Please Print Clearly

Candidate Name _____ Degree _____

Address _____

City/State/Zip _____

Email: _____

Phone _____ AltPhone _____ Fax _____

1. **Medical Specialty** – in addition to Bariatric Medicine. *(For administrative purposes only)*
- | | | |
|---|--|--|
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Surgery – General | <input type="checkbox"/> OB-Gyn |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Surgery – Other. | <input type="checkbox"/> Internal Medicine |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Preventive Medicine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Psychiatry and Neurology | | |

2. **Do you plan on attending the ASBP meeting?** Yes No

EXAM FEES* Exam fee amount determined by the date the complete application is rcd by the ABBM office.

NEW CANDIDATE FEES*			RETAKE CANDIDATE FEES**	
Early Deadline Fee	(7/15/2009)	\$1500	Written exam:	\$500
Final Deadline Fee	(8/31/2009)	\$1700		

Payment Method

- Visa/MasterCard# _____ Exp.Date _____ Amount: \$ _____

Signature: _____ Date _____ 3 Digit ID on back of card: _____

- Check Enclosed

Applications received after August 31, 2009, will not be accepted for the 2009 ABBM certification exams.

American Board of Bariatric Medicine

Candidate Declaration and Consent

Declaration

I, the undersigned, hereby make application to the American Board of Bariatric Medicine for the issuance to me of a certificate, and for examinations and Patient Care Review relative thereto, all in accordance with and subject to its rules and regulations, and the fees requested. I certify that all information contained in my application for ABBM certification is true and accurate to the best of my knowledge. I agree to denial for eligibility for certification, revocation or other limitation of my certification if any statement made on this application or hereafter supplied to ABBM is false or inaccurate or if I violate any of the rules or regulations of ABBM. I understand that if I receive ABBM certification, it will be my responsibility to remain in compliance with all ABBM requirements for certification as they presently exist and as they may be revised, to keep my certification current and to submit a valid renewal application and fee within sixty (60) days of my certification expiration date.

In addition, I hereby authorize ABBM, its officers, directors, committee members, employees, and agents (the "above-designated parties"), to review my application for eligibility for ABBM certification, and, if I receive ABBM certification, to initiate review of my continued eligibility for ABBM certification. I agree to cooperate promptly and fully in any such review, including submitting such documents and information deemed necessary to confirm the information in this application. I authorize the above-designated parties to communicate any and all information relating to any ABBM application and review thereof including but not limited to pendency or outcome of disciplinary proceedings to state and federal authorities, and others by means of newsletter or otherwise.

I understand that ABBM may use any score in psychometric analyses to confirm observations and reports of suspected irregularities in the conduct of an examination or review, and respond to any inquiry about my status in its examination or review system in accordance with its policy as then constituted. I authorize any and all repositories to grant access to or to produce copies for the American Board of Bariatric Medicine of all documents and records containing information and data pertaining to my practice of medicine.

I certify that I am the candidate whose signature appears below. Because of the confidential nature of the ABBM examination, I will not take any examination materials from the test site, reproduce the examination materials, or transmit the examination questions or answers in any form to any other person. I understand that I may only seek admission to sit for the ABBM examination for the purpose of seeking ABBM certification, and for no other purpose. I understand that ABBM reserves the right to refuse admission to any ABBM examination to me if I do not have the proper identification (valid acknowledgment card), or if administration has begun. If I am refused admission for any of these reasons or failure to appear at the test site, I will receive no refund of the application or examination/Patient Care Review fees and there will be no credit for future examinations or the onsite review. I authorize the proctors at my assigned test site to maintain a secure and proper test administration at their discretion. I acknowledge that in this capacity the proctors may relocate me before or during the examination. I will not communicate with other examinees in any way.

If I do anything which is not authorized or which is prohibited by ABBM in connection with any ABBM examination, I understand that my examination performance may be voided, and such activity may be the subject of legal action. In a case where my examination performance is voided, I will receive no refund of the application or examination fees and there will be no credit for any future examination.

I understand that review of the adequacy of the examination materials will be limited to computing any scoring correction. I waive all further claims of examination review and agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards of ABBM with regard to this application and/or my certification.

By signing, I hereby certify that I have read and understand this information, and that I am in compliance and will remain in compliance with all of the Articles of Information and Bylaws of the American Board of Bariatric Medicine, as then constituted or as amended.

Consent

I, the undersigned, in connection with my application for certification by ABBM, hereby authorize the American Board of Bariatric Medicine, now and in the future, to request, procure and review any information regarding my medical practice, professional standing and character, including but not limited to any information related to any disciplinary action related to the practice of medicine by any state licensing agency or any institution in which I have practiced medicine and any information related to any history of alcoholism or illegal use of drugs and any treatment or rehabilitation related thereto.

I hereby authorize the American Board of Bariatric Medicine, now and in the future, to request and procure such information from any individual or institution, each of which shall be absolutely immune from civil liability arising from any act, communication, report, recommendation or disclosure of any such information even where the information involved would otherwise be deemed privileged so long as any such act, communication, report, recommendation or disclosure is performed or made in good faith and without malice.

I hereby authorize the American Board of Bariatric Medicine to supply a copy of this consent, which has been executed to me, to any individual or institution from which it requests information relating to me.

Name (Please Print) : _____ Signature: _____ Date: _____

NOTARY INFORMATION

STATE OF

COUNTY OF

Before me, the undersigned authority in and for said County and State, on this day personally appeared _____,
known to me to be the person whose name is subscribed to the foregoing instruments, and acknowledged to me that he/she executed the same for
the purposes and consideration therein expressed.

Given under my hand and the seal of this office on this ____ day of _____, 20 _____.

NOTARY PUBLIC _____ My Commission Expires: _____

Signature

Name (printed)