

American Board of Medical Quality
Certification in Medical Quality
2017 EXAMINATION APPLICATION (FOR ACMQ MEMBERS ONLY)

APRIL 1, 2017, THE MAYFLOWER RENAISSANCE HOTEL, WASHINGTON, DC

Please print, complete, scan and e-mail this form to abmq@abmq.org or fax to 301-585-0296. If paying by check please mail to ABMQ, PO Box 5839, Takoma Park, MD 20912. **You must include a copy of the current registration/confirmation of your medical license.** You may be asked for additional backup documentation. If your application shows that you meet the necessary criteria you will receive confirmation by e-mail. **Please complete all sections of this application. Incomplete applications will be returned.**

A. Candidate Criteria (1):

Candidates must be (check at least ONE box):

- An MD, DO, DDS, DPM, or DMD with an active unrestricted license to practice; OR
- A health professional with a Doctorate degree (PharmD, JD [health law], or other) OR
- A health professional with a Master's degree and proof of experience or abilities in the field of quality; OR
- A full member of the American College of Medical Quality.

B. Candidate Criteria (2):

In addition, candidates must (check at least ONE box):

- Hold or be working towards active current employment in clinical quality management, measurement, assessment, improvement, or similar type of activities (explain in C. below); OR
- Hold or be working towards an advanced degree (Master's or higher) with quality components, e.g., MPH, MPA, MBA; OR
- Practice clinical medicine full time, in any setting or specialty; OR
- Submit a written statement, to be reviewed and approved by the ABMQ exam committee, describing interest or expertise in any aspect of medical quality management or clinical quality management (separate attachment).

C. Personal and Professional Information:

Name _____ All Degrees _____

Organization _____ Title _____

Address of organization _____

City _____ State _____ Zip _____

Phone _____ Email (required) _____

Check here if you have special accessibility needs _____ Check here if you have other special needs _____

Medical School _____ Year Graduated _____

Primary Specialty _____ Board Certified? Yes _____ Year _____ No _____

In which professional area(s) do you work? Check all that apply:

Clinical practice _____ Management/Consulting _____ Academic (teaching) _____ Academic (research) _____

Memberships in professional societies, check if applicable: ACMQ _____ AMA _____ ACPM _____ ACPE _____

D. Brief Description of Employment, Experience or Expertise in Quality

(If necessary please use an additional page, or include a short c.v. that describes your quality experience/expertise)

E. Attestation

I attest that the information given on or with this application is correct and current at the date below.

Signature _____ Date _____

F. Payment:

The examination fee for **members of ACMQ applying before November 30, 2016 is \$495 \$395**. If paying by check or money order, please make payable to ABMQ.

___ Check enclosed, or

___ Visa/Mastercard Card # _____ Exp. date _____ Sec. Code _____

Mailing address for credit card (if different from above in Section C) _____

Signature _____ Name on card _____

Date _____