

American Board of Medical Quality  
Certification in Medical Quality

2018 EXAMINATION APPLICATION FOR **RECERTIFICATION** CANDIDATES

SUNDAY, APRIL 15, 2017, THE MAYFLOWER HOTEL, WASHINGTON, DC

Please print, complete, scan to PDF and email this application to [abmq@abmq.org](mailto:abmq@abmq.org) or fax the application to 301-585-0296. For payment by check please mail this form to ABMQ, PO Box 5839, Takoma Park, MD 20912. **You must include a copy of the current registration/confirmation of your medical license.** You will receive confirmation by email. **Please complete all sections of this application for recertification.** Incomplete applications will be returned.

**A. Recertification Candidate Criteria:**

Candidates for recertification in 2018 must have been awarded the CMQ designation in 2012 or 2013 and must have an active unrestricted medical license.

**B. Personal and Professional Information:**

Name \_\_\_\_\_ All Degrees \_\_\_\_\_

Organization \_\_\_\_\_ Title \_\_\_\_\_

Address of organization \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail (required) \_\_\_\_\_

Check here if you have special accessibility needs \_\_\_\_\_ Check here if you have other special needs \_\_\_\_\_

Primary Specialty \_\_\_\_\_ Board Certified? Yes \_\_\_\_\_ Year \_\_\_\_\_ No \_\_\_\_\_

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

Clinical practice \_\_\_\_\_ Management/Consulting \_\_\_\_\_ Academic (teaching) \_\_\_\_\_ Academic (research) \_\_\_\_\_

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

**C. Brief Description of Employment or Experience in the years 2013-2017 since your certification**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Attestation**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**E. Payment:**

The examination fee for 2018 **recertification** candidates is \$350. If paying by check or money order, please make payable to ABMQ.

\_\_\_\_ Check Enclosed \_\_\_\_ Visa/Mastercard Card # \_\_\_\_\_ Exp. date \_\_\_\_\_ Code \_\_\_\_\_

Mailing address for credit card (if different from B. above) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name on card if different from B. above \_\_\_\_\_