

American Board of Medical Quality
Certification in Medical Quality

2018 EXAMINATION APPLICATION FOR **RECERTIFICATION** CANDIDATES

APRIL 14, 2017, THE MAYFLOWER HOTEL, WASHINGTON, DC

Please print, complete, scan to PDF and email this application to 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 _____