

American Board of Medical Quality
Certification in Medical Quality
2018 EXAMINATION APPLICATION (FOR ACMQ MEMBERS ONLY)

SUNDAY, APRIL 15, 2018, THE MAYFLOWER HOTEL, WASHINGTON, DC

Please mail this form to ABMQ, PO Box 5839, Takoma Park, MD 20912, or fax to 301-585-0296 or email (PDF files only) to abmq@abmq.org (credit card payments only). **Physicians must include a copy of current registration/confirmation of your medical license. Other healthcare professionals must include documentation of your professional or educational status.** You may be asked for additional backup documentation. If your application shows that you meet the necessary criteria in A. below you will receive confirmation by email. **Please complete all sections of this application.**

A. Candidate Criteria:

Candidates must (check at least ONE box that applies to you):

- Have an MD, DO, DDS, DPM, DMD or DNP degree, with an active unrestricted license to practice (*documentation required*), and experience or expertise in using the principles of quality to improve clinical practice; OR
- Have a PharmD, JD [health law], or other doctorate in a health-related field (*documentation required*), with experience or expertise in using the principles of quality improvement; OR
- Be a holder of a postgraduate degree (*documentation required* of Master's or higher, e.g. MPH, MPA, MSc, MBA, MSN) and experience or expertise in using the principles of quality improvement; OR
- Submit a written statement, to be reviewed and approved by the ABMQ exam committee, showing proof of:
 - a. training or participation in educational activities in healthcare quality, OR
 - b. expertise in in quality management, measurement, assessment or improvement, OR
 - c. full membership in the American College of Medical Quality.

B. 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 _____

C. 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)

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 **members of ACMQ applying before December 31, 2017 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 B) _____

Signature _____ Date _____

Name on card (if different from above in Section B) _____