

American Board of Medical Quality Certification in Medical Quality

2018 EXAMINATION APPLICATION (FOR ACMQ QUALITY SCHOLARS ONLY)

APRIL 14, 2018, THE MAYFLOWER HOTEL, WASHINGTON, DC

Please print, complete, scan and email this form to abmq@abmq.org or fax the form to 301-585-0296. If paying by check please mail with your application to ABMQ, PO Box 5839, Takoma Park, MD 20912. **You must include proof of your ACMQ Quality Scholar status, which may be a letter, certificate, email or other.** You may be asked for additional backup documentation. If your application shows that you meet the necessary criteria you will receive confirmation by email. **Please complete all sections of this application.**

A. Candidate Criteria:

Candidate must be a Quality Scholar designated by the American College of Medical Quality. The Quality Scholar status may have been announced for 2017 or awarded in previous years. Please check in the box below.

My proof of ACMQ Quality Scholar status is attached.

B. Personal and Professional Information:

Name _____ All Degrees _____

Organization (Medical School or Institution) _____

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 _____
(Please describe your accessibility or other special needs on a separate sheet and send with your application)

Year graduated, or expected to graduate, from medical school _____

Year your Quality Scholar status was awarded _____

Memberships in professional societies, check if applicable: ACMQ _____ AMA _____ Other (specify) _____

C. Brief Description of Experience or Interest in Quality (Or attach a short CV)

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 **ACMQ Quality Scholars is \$250. The initial fee due with this application is \$125, with the second \$125 due when licensed.** If paying by check or money order, please make payable to ABMQ.

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

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

Signature _____ Date _____

Name on card (if different from B. above) _____