American Board of Medical Quality
Certification in Medical Quality

APPLICATION FOR FULL CMQ STATUS

(FOR ACMQ QUALITY SCHOLARS WITH UNRESTRICTED MEDICAL LICENSE ONLY)

Personal and Professional Information:

Name ____ All Degrees _______________________________

Mailing Address for CMQ Certificate:

Street Address____

City ____ State ______________ Zip ____________________________

Phone ____________________________ E-mail (required) ____

Year graduated from medical school _________________________________

Year your ACMQ Quality Scholar status was awarded___________________

Year you passed the ABMQ CMQ examination ________________________

Date of your unrestricted medical license _____________________________

Attestation:

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

Signature ____ Date ___________________________

Enclosures:

You must attach or enclose a copy of your unrestricted medical license or online confirmation of your licensure status.

Payment:

The special examination fee for **ACMQ Quality Scholars is $250. You paid the initial fee of $125 with your exam application. Your second fee of $125, due when licensed, completes your payment.** 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 street address above) ____

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Signature ____ Name on card ____

Date ____

Please fax this form to 301-585-0296 (secure system) or scan and email to abmq@abmq.org. Thank you.