



AMERICAN BOARD OF ADDICTION MEDICINE

2012 RE-CERTIFICATION EXAMINATION APPLICATION

Application Deadline Dates

Early Deadline:

October 31, 2011

Standard Deadline:

January 31, 2012

Late Deadline:

June 15, 2012

Examination Date

December 15, 2012

SEND APPLICATION TO:

ABAM Certification Dept.
4601 N. Park Ave, Upper Arcade #101
Chevy Chase, MD 20815





2012 Re-Certification Examination Application

1 GENERAL INFORMATION AND LICENSURE

Instructions: This form must be typed. Sign and mail the re-certification application to the ABAM office, together with the supporting data required by the application. Incomplete applications cannot be accepted for review by the Credentialing Committee and will be returned to the candidate. **Copies of the application can also be printed from the ABAM website www.abam.net.**

Candidate Name: The name on the application **MUST be identical to the name on the photo identification to be used at examination registration.** If the name stated on the application is different from that on the photo identification, admittance to the Prometric Testing Centers may be denied. In addition, if the name on supporting documentation differs from the name provided on the application, certified, legal documentation (marriage license, name change determination, etc.) must be presented with the application. If the name changes at any time subsequent to submission of the application, certified, legal documentation of the name change must be submitted to the Board office.

LAST NAME DEGREES (M.D., D.O., ETC.)

FIRST AND MIDDLE NAME GENDER M F

TITLE/POSITION

ORGANIZATION

MAILING ADDRESS HOME OFFICE

CITY STATE/PROVINCE ZIP + FOUR

COUNTRY DATE OF BIRTH (MM/DD/YYYY)

PRIMARY SPECIALTY SECONDARY SPECIALTY

HOME OR CELL PHONE FAX NUMBER OFFICE PHONE

EMAIL (PRIMARY FORM OF COMMUNICATION.) **PLEASE NOTIFY ABAM IF YOUR EMAIL CHANGES AT: EMAIL@ABAM.NET**

Professional Standing – Licensure: All questions regarding licensure must be answered. **Do not leave any blanks.** Include copies of **ALL** medical licenses held or the current renewal registration cards for your medical licenses, **whichever show the expiration date.** (ABAM considers a medical license to be valid even if there have been stipulations/conditions placed on the license. ABAM does not consider a license to be valid if it has been suspended, revoked, or surrendered. See page 15 for details.)

STATE/ PROVINCE	EXPIRATION DATE (MM/DD/YYYY)	CERTIFICATE NUMBER

Are you currently in possession of a restricted, suspended, or revoked medical license in any state? Yes No

Do you currently have any Board action pending against you before any state licensing board? Yes No
If yes, please enclose a letter of explanation.

Staff Use Only: Requirement Met and Documentation Submitted

Valid License Letter of Reference

Staff Use Only: Notes

Accepted Not - Accepted Further Review

Comments:

ALL MATERIALS SHOULD BE COPIED ON ONE SIDE, LOOSE OR PAPERCLIPPED ONLY.



7 SIGNATURE AND RELEASE

Re-Certification Application Statement: Read, sign, and date the application statement. Applications with altered or unsigned application statements are not accepted and will be returned.

I agree that the Board shall be the final judge of my credentials and qualifications for admission to the examination for Re-Certification.

I agree that the Board may disqualify me from examination, from Re-Certification, or may cancel my Re-Certification and require the return of the Diplomate Certificate in the event that the Board determines that any information furnished by me was false, that I violated the rules governing its examinations, or that I did not comply with or violated the Board's rules and policies.

I agree that irregular or improper behavior during the examinations, such as giving or obtaining unauthorized information or aid, looking at the test materials of another candidate, removing any examination materials from the test center, failing to comply with proctors' instructions, disregarding time limits, taking any recordings of the examination, or other disruptive behavior will be considered an attempt to subvert the Re-Certification process. These and other irregular or improper behaviors, as evidenced by observation, by subsequent statistical analysis, or by other means, may be sufficient cause for the Board to terminate my participation in the examination, to invalidate the results of my examination, to bar me from admission to future examinations or from Re-Certification, and to take appropriate actions, including informing licensing bodies, law enforcement agents, my program director(s), and/or others.

I agree not to bring food, drink, cellular phones, pagers, or other electronic devices, books, study materials, personal belongings, or other prohibited materials into an examination room. I agree not to make any phone calls during an examination session.

I understand and consent to the fact that my Re-Certification status is public information and that the Board will publish and/or make my Re-Certification status publicly available. In addition, I authorize the Board to inform program director(s) from which I took training as to my performance on any or all of the Board's examinations taken by me at any time and may release any pertinent information in response to any appropriate inquiry about my Board status.

I also authorize the Board to, at its discretion, release information contained in this application, my examination results, and examination scores to researchers selected by the Board to study the testing and evaluation programs of the Board under appropriate conditions of confidentiality established by the Board. Any studies reported by the Board will contain information about candidates and diplomates only in the aggregate, and the names of individuals will not be revealed in any publications.

I hereby release and agree to hold harmless the Board and any of the Board's employees, officers, directors, representatives, agents and assigns from any liability arising out of the Board's giving, disclosing and/or releasing of information about or pertaining to me. Hold harmless includes liability for the inaccuracy of such information, so long as such information is provided in good faith.

Continued on next page



Continued from prior page

I understand that the examination material is confidential and copyrighted. I agree not to copy, reproduce, or disclose examination materials or content, at any time.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), any related regulations or promulgation, and any applicable state laws, I agree not to use or disclose any medical information, patient information, or other protected health information used or disclosed in any Board examination.

I understand that the Board makes academic and scientific judgments in its evaluation of the results of its examinations, and that situations may occur, even through no fault of mine, that will render my examination results unreliable in the judgment of the Board. I agree that if the Board determines that in its judgment the results of my examination are unreliable, the Board may require me to retake that examination at its next administration or other time designated by the Board.

I hereby release, discharge, and exonerate the Board, its Directors, Officers, Members, Examiners, Representatives, and Agents from any actions, suits, obligations, damages, claims, or demands arising out of, or in connection with, this application, the grade or grades given with respect to the computer-administered or oral examinations, or the failure of the Board to issue me such certificate.

It is understood that the decision as to whether my examinations qualify me for a certificate rests solely and exclusively in the Board, and its decision is final.

I release from liability any organization or individual that provides information to the Board without malice for the purpose of establishing my professional qualification, credentials, clinical and/or professional competence, character, moral behavior, or any other matter having bearing on my consideration for being accepted as a candidate for Re-Certification.

I hereby declare under penalty of perjury that the information given in this application is true and correct to the best of my knowledge and belief.

I intend to be legally bound by the foregoing.

Signature (sign name in full) _____ Date _____

Unsigned or altered forms are not processed and are returned.

KINDLY SIGN AND DATE THE HARD COPY PRIOR TO SENDING.

SEND APPLICATION TO:

American Board of Addiction Medicine
4601 N. Park Ave, Upper Arcade #101 • Chevy Chase, MD 20815
Phone: (301) 656-3378 • Facsimile: (301) 656-3815
www.abam.net • E-mail: email@abam.net

ALL MATERIALS SHOULD BE COPIED ON ONE SIDE, LOOSE OR PAPERCLIPPED ONLY.



APPENDIX A - Letter of Reference Form

Instructions: Letter of Reference: In a separate letter on your letterhead, please provide ABAM with a summary of your acquaintance with the applicant to help us judge his/her qualifications for certification in this field. Please include the following in your letter:

- Statement about whether or not the applicant is in good standing in your medical community,
- Indication of how long you have known the applicant,
- Description of your official relationship to him/her.

PLEASE RETURN THIS FORM WITH YOUR LETTER, POSTMARKED BY THE LETTER SUBMISSION DEADLINE DATE CHECKED BELOW TO:

ABAM Certification Department,
4601 N. Park Ave, Upper Arcade #101,
Chevy Chase, MD 20815

SECTION A: APPLICANT COMPLETES THIS SECTION

Requesting Reference Letter:

LAST NAME OF APPLICANT

FIRST AND MIDDLE NAME

TITLE (MD, DO, ETC.)

hereby requests a letter of reference from you in order to sit for the certification exam in Addiction Medicine. You are kindly requested to submit this letter by the following deadline:

October 31, 2011

January 30, 2012

June 15, 2012

SECTION B: PHYSICIAN PROVIDING REFERENCE COMPLETES THIS SECTION

LAST NAME

DEGREES (M.D., D.O., ETC.)

FIRST NAME

MIDDLE NAME

TITLE/POSITION

ORGANIZATION

MAILING ADDRESS

CITY

STATE/PROVINCE

ZIP + FOUR

ALL MATERIALS SHOULD BE COPIED ON ONE SIDE, LOOSE OR PAPERCLIPPED ONLY.



APPENDIX B - Preparation for the ABAM Re-Certification Examination

The Re-Certification Examination covers the broad body of knowledge of addiction medicine. Examinees can expect questions on any or all topics that an addiction physician in any specialty can reasonably be expected to know. The following resources are suggested for preparation for the examination.

Review Courses

CSAM Addiction Medicine Review Course 2012, San Francisco, CA, September 5-8, 2012.

The Review Course presents an overview of the core elements of addiction medicine presented by top experts in the field. Participants receive a course syllabus with copies of all lecture handouts and a CD-ROM study guide to help prepare for the exam. CSAM offers a Certification Exam Preparation Track during the Review Course. During the conference plenary, participants in the Certification Exam Preparation Track sit at designated tables with other exam takers and facilitators who help identify the key material for the exam and answer questions. It also provides 6 additional CME hours devoted to test-taking strategies, sample questions, high-yield exam content, and tips on how to prepare for the exam.

CME Estimate: 30 AMA PRA Category 1 Credit(s)TM

For more information call CSAM at (415) 764-4855 or email: csam@compuserve.com; website: www.csam-asam.org

ASAM Addiction Medicine Review Course, Nashville, TN, September 20-22, 2012.

The ASAM Review Course in Addiction Medicine is designed to provide an up-to-date review of the core content of Addiction Medicine. It is appropriate for multiple audiences:

- Physicians who plan to sit for the Certification/Recertification Examination.
- Addiction specialists find the Review Course a useful “refresher” due to its clinical orientation and focus on recent developments in addiction practice.
- Non-specialist physicians and other clinicians find the course a succinct summary of the knowledge needed to manage problems related to alcohol, tobacco and other drug use, which studies show are present in one of every 10 patients seen in primary care settings.

CME Estimate: 21 AMA PRA Category 1 Credit(s)TM

For more information call ASAM at (301) 656-3920 or email: meetings@asam.org; website: www.asam.org

Textbook

Principles of Addiction Medicine, by Richard K Ries, et al, 1408pp; Fourth Edition.

The 2009 edition of *Principles* provides a comprehensive overview of the diagnosis and treatment of addictive disorders, as well as the management of co-occurring medical and psychiatric conditions. The book provides guidance on everything from risk factors to types of addiction and offers tools to aid your success. A team of world-renowned leaders present scientific, evidence-based facts and perspectives on abuse programs, pain and addiction, co-occurring addiction and psychiatric disorders, psychiatry, neuroscience and neurobiology, pharmacologic advances, screening, the brief intervention, laboratory testing, alcohol treatment, etc. Recommendations embrace international opinions and shed new light on contemporary issues, such as addiction to the Internet, addiction and post-traumatic stress disorder, addiction in children and adolescents, and more.

Principles of Addiction Medicine, Fourth Edition, can be ordered by phoning 1-800/638-3030

Monday through Friday between 8:30 am and 5:00 pm EST or visiting Lippincott Williams & Wilkins' website at <http://www.lww.com/product/978-0-7817-7477-2>.

ALL MATERIALS SHOULD BE COPIED ON ONE SIDE, LOOSE OR PAPERCLIPPED ONLY.



APPENDIX C - Computer-based Examination Procedures and Policies

I. YOUR SCHEDULING PERMIT Accepted applicants will receive an electronic Scheduling Permit in September, 2012 with instructions for making an appointment at a Prometric, Inc.® test center. You must bring your Scheduling Permit and an unexpired, government-issued form of identification (such as a driver’s license or passport that includes both your photograph and signature) to the testing center on your examination day. If your identification contains your photograph and not your signature, you can use another form of unexpired identification that contains your signature, such as an employee identification card or a credit card, to supplement your photo-bearing, government-issued identification. The first and last names on your identification must exactly match the names on your permit. The only acceptable difference would be the presence of a middle name, middle initial or suffix on one document and its absence on the other. Please contact the American Board of Addiction Medicine’s Certification Department immediately at 301-656-3378 if the name on your permit is misspelled or differs from your name as it appears on your identification. Name changes or corrections **cannot be made within 7 business days** of your scheduled testing date.

II. SCHEDULING YOUR TEST DATE You must have your Scheduling Permit before you contact Prometric to schedule a testing date. You should contact Prometric as soon as you receive the permit. Prometric schedules testing appointments on a first-come, first-served basis. The sooner you schedule your appointment, the more likely you will receive your preferred test time and location. When you call to schedule your examination appointment place provide the program code, exam code and scheduling number which will be located in the box at the top of the permit. Prometric will provide you with the test center location and telephone number. Please call the test center for directions. Confirm your testing center location one week before your appointment via Prometric’s website or by contacting Prometric at their telephone number.

Test Centers and Testing Conditions Prometric provides computer-based testing services for academic assessment, professional licensure, and certification. Prometric testing centers are set up similarly. This not only helps enhance security, but also provides the same standards for comfort and uniformity for all examinees. Prometric testing centers provide the resources necessary for secure administration of the examination, including video and audio monitoring and recording, and use of digital cameras to record the identity of examinees.

Admission to the Test You should arrive at the Prometric test center 30 minutes before your scheduled testing time on your testing date. If you arrive late, you may not be admitted. If you arrive more than 30 minutes after your scheduled testing time, you will not be admitted. On arrival, you are required to sign in on the test center log and to present your Scheduling Permit plus one form of unexpired, government-issued identification. **All** of your personal belongings, food and beverages must be placed in a small, designated locker outside the testing room. Pagers and cellular telephones must be turned off before placing them in the locker.

Testing Regulations and Rules of Conduct Test center staff monitors all testing sessions for the examination. Follow instructions of test center staff throughout the examination. Failure to do so may result in a determination of irregular behavior. Test center staff will not answer questions from candidates regarding examination content, testing software, or scoring. If staff observes you violating test administration rules or engaging in other forms of irregular behavior during the examination, the center staff will report the observation. No personal belongings are permitted into the testing area.

Completing the Test After you start taking an examination, the examination cannot be canceled or rescheduled unless a technical problem requires rescheduling. If a computer problem occurs during the test, you should notify test center staff immediately. In the rare event of a technical problem, testing software is designed to allow the test to restart at the point it was interrupted. In most cases, the test can be restarted at the point of interruption with no loss of testing time. However, it is possible that a technical problem may occur that requires the test to be rescheduled. In that event, you will be allowed to test at a later date at no additional cost.

Preparing for the Test A brief tutorial on using a computer-based program for testing is available on the ABAM website at www.abam.net. An optional 10 minute tutorial will also be provided on the day of the examination.

ALL MATERIALS SHOULD BE COPIED ON ONE SIDE, LOOSE OR PAPERCLIPPED ONLY.



APPENDIX D – ABAM Licensure Requirements

ABAM diplomates and candidates for certification and Maintenance of Certification (MOC) must possess a valid and unrestricted medical license in the United States, its territories or Canada. A physician may hold one or more additional licenses, each of which must be valid, full, unrestricted, and unqualified. An unrestricted medical license is a license to practice medicine that has been issued by an appropriate and authorized licensing board and contains no restrictions on the physician’s privilege to practice professionally.

Restrictions include but are not limited to any disciplinary action, revocation, cancellation, suspension, condition, agreement, stipulation, probation, forfeiture, surrender, plea agreement, settlement agreement, failure to renew, prohibition against applying, lapse, inactive status or contingency in any way relevant to a license and/or the physician’s privilege to practice professionally that resulted from or is based on personal or professional misconduct, professional ethics, moral turpitude, criminal charges, indictments and/or convictions, and professional incompetence and/or malpractice.

If licenses are held in more than one jurisdiction, all licenses held by the physician must be full and unrestricted to meet this requirement. An active and unrestricted medical license must be maintained, even if a physician is out of the country for extended periods of time. A diplomate who no longer meets the Board’s licensure requirements shall, without any action necessary by the Board or any right to a hearing, automatically lose his or her ABAM diplomate status, and the ABAM certificate shall be invalid.

A physician in possession of any restricted medical license, even if the physician also possesses an unrestricted license, will not be eligible to sit for the ABAM Certification Examination, participate in the ABAM MOC program, be issued a certificate, be authorized to be in possession of a certificate, or be allowed to represent himself or herself as an ABAM-certified physician.

Exceptions:

1. Restriction of a physician’s medical license does not include voluntary participation in a physician’s health monitoring program or other appropriate, monitored alcohol or chemical substance-abuse recovery program. A diplomate can continue to retain ABAM certification, as long as the diplomate is in compliance with the conditions of the monitoring or recovery program, and if the physician has **NOT** been reported to either the National Practitioner Data Bank, or the Data Bank of the Federation of State Medical Boards.
2. If a candidate or a diplomate has a history of substance abuse, documentation of at least one year of continuous sobriety from a reliable monitoring source must be submitted to ABAM for admission to an examination or to receive a certificate. ABAM treats such information as confidential.
3. Restriction of a physician’s medical license does not include medical licenses that, when issued, are limited to a geographic area within a jurisdiction (e.g., practice limited to underserved areas), as long as such licenses are not in any way limited due to, because of, or by virtue of a disciplinary, legal, or administrative action against the license holder.

ALL MATERIALS SHOULD BE COPIED ON ONE SIDE, LOOSE OR PAPERCLIPPED ONLY.



4. The Board may, at its sole discretion, determine whether to investigate a license and the information provided. The Board reserves the right to determine if a license fulfills this ABAM policy. The Board will determine if the situation is cause to deny a physician’s application, deny a physician access to an examination, or revoke a diplomate’s certificate.

If the physician does not report the requested or required licensure information to ABAM, then, upon investigation, the Board may impose sanctions it determines appropriate, including but not limited to, barring the physician from taking ABAM examinations, invalidating examinations the physician took, and revoking the physician’s certification.

(ABAM acknowledges the American Board of Internal Medicine and the American Board of Psychiatry and Neurology for permission to use excerpts from their licensure requirement policies.)

ALL MATERIALS SHOULD BE COPIED ON ONE SIDE, LOOSE OR PAPERCLIPPED ONLY.

PLEASE CHECK THAT YOU HAVE DONE ALL OF THE FOLLOWING

An application will be considered complete only when all supporting paperwork required by the application has been submitted to ABAM. Incomplete applications will be returned to the applicant unprocessed. For an application to be eligible for the **early** or **standard** application fees, the complete application must be received by the **early** or **standard** registration deadline. An application will be considered complete provided that all of the materials listed below have been submitted with the application or have been received by the ABAM office.

Please check off the items below indicating completion of each, sign page 11 and retain a personal copy of the entire application. Applications will not be accepted if any part is incomplete. **PLEASE DO NOT STAPLE ANY MATERIALS TOGETHER! ALL MATERIALS SHOULD BE COPIED ON ONE SIDE, LOOSE OR PAPERCLIPPED ONLY. Applications postmarked after the final deadline of June 15, 2012 will be returned to the applicant.**

- ✓ Application with all pages typed (including name at the top of each page) and torn from booklet.
- ✓ Letter of Reference (to be submitted to ABAM directly by the writer by the same deadline as the application).
- ✓ Copy of currently valid license to practice medicine.
- ✓ Self-addressed, stamped postcard to be returned to you as proof that we received your application. (Unnecessary, if abroad.)
- ✓ Signed Certification Application Statement (Section 8).
- ✓ Full payment of the examination fee.



American Board of Addiction Medicine

Certification Department
4601 N. Park Ave, Upper Arcade #101
Chevy Chase, MD 20815
Phone: 301/656-3378 • Fax: 301/656-3815
E-mail: email@abam.net
Website: www.abam.net