



Form Instructions: This form should be filled out by ABAM Diplomates who wish to Complete Part I of their Annual ABAM MOC Requirement and should only be filled out by ABAM Diplomates who have not already logged in, completed, and submitted payment for Part I of MOC using the ABAM MOC web Portal at www.abam.net.

- All ABAM Diplomates must complete Part I of the ABAM Maintenance of Certification Program no later than the deadline of December 15, 2011.
- Filling out and submitting this form with payment will complete the requirement for Part 1 of the ABAM MOC Program for 2011. Please complete sections 1-5 of this form and submit the form and \$35 payment to ABAM by September 15, 2011. If you file this form under the late deadline, December 15th of 2011, the fee is \$70.

- Forms should be submitted to the address or fax number at the bottom of the page.
- 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. Diplomates 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.
- For more information on what qualifies as a valid medical license please visit www.abam.net.

1. Personal Information

Organization:

Name:

Prefix First Name Middle Name Last Name Suffix

Email:

Work Phone: (xxx) xxx-xxxx () -

Birth Date: (mm/dd/yyyy) / /

2. Main Address

Address:

Address Line 2:

City:

State/Province: Zip: -

4. Dates and Deadlines for Annual Verification of Licensure

Deadlines	Date	Fee
<input type="checkbox"/> Early Deadline to Complete Component 1 of MOC	September 15, 2011	\$35
<input type="checkbox"/> Late Deadline to Complete Component 1 of MOC	December 15, 2011	\$70

3. Enter Medical License Information

License Number:

License State:

Medical License Expiration Date (mm/dd/yyyy) / /

Additional Medical Licenses:

License Number:

License State:

Medical License Expiration Date (mm/dd/yyyy) / /

License Number:

License State:

Medical License Expiration Date (mm/dd/yyyy) / /

5. Method of Payment:

Check Enclosed Visa MasterCard

Name on Credit Card

Credit Card Number

Credit Card Expiration Date (mm/yyyy) /

3 digit Security Code on Credit Card

Card Holder Signature

Send Form to: American Board of Addiction Medicine

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