



THE AMERICAN BOARD OF ADDICTION MEDICINE

4300 Montgomery Avenue, Suite 206

Bethesda, MD 20814

REQUEST FOR DUPLICATE BOARD CERTIFICATE

Please print **REQUIRED (*)** information below and mail to ABAM with \$50 fee for each duplicate certificate requested. Prior to ordering and sending out duplicate board certificates, ABAM will verify current/valid Diplomate and medical license status. Please allow two weeks for delivery. Certificates will be sent via U.S. mail.

CERTIFICATE INFORMATION *(please print your name as you want it to appear on your certificate)*

First Name: * _____ Middle Initial: * _____

Last Name: * _____ Suffix (Jr., IV): _____

Medical Degree (M.D. or D.O. only): * _____

MAILING ADDRESS/CONTACT INFORMATION *(No P.O. boxes)*

Address: * _____

City: * _____

State/Province: * _____ Zip/Postal Code: * _____

Telephone: * _____ Email: * _____

PAYMENT INFORMATION *(only credit cards are accepted for payment of ABAM Board Certificates)*

Please charge my payment to the following credit card:

VISA

American Express

MasterCard

Discover

Name on Card: _____ Expiration Date: _____

Cardholder's Signature: _____