



2016 Maintenance of Certification Program Verification of Licensure and Annual MOC Fee Payment Form

Form Instructions: Please complete sections 1-5 of this form and send to ABAM.

Forms should be submitted to the email, address, or fax number at the bottom of the page.

- By filling out and submitting this form with payment of \$100, Diplomates will fulfill the requirement for Part I of the ABAM MOC Program for 2016. Sections 1-5 of this form must legible and accurate.
- For more information on what qualifies as a valid medical license please review the MOC FAQ that can be found by visiting www.abam.net.
- The Board extends its gratitude to all Diplomates who continue to support the activities and goals of the American Board of Addiction Medicine

1. Verification of Licensure & Demographics

Organization:

Name:

Prefix First Name Middle Name Last Name Suffix

Medical School Attended: Med School Graduation Year:

Email:

Phone: () -

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

2. Main Address

Address:

Address Line 2:

City:

State/Province: Zip: -

Country:

4. Payment of Annual MOC Fee

	Deadline for Submission	Fee
<input type="checkbox"/> Annual MOC Fee	December 15, 2016	\$100

3. 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 AMEX

Name on Credit Card

Credit Card Number

Credit Card Expiration Date (mm/yyyy) /

3 digit Security Code on Credit Card

Card Holder Signature

I hereby declare that the information given by me in this form for medical licensure and for medical school education is true and correct to the best of my knowledge and belief.