



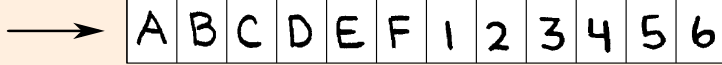
Application for

CERTIFICATE OF ADVANCED TRAINING IN BARIATRIC MEDICINE

ABBM Written Examination in Bariatric Medicine - NP/PA - 2010

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.

If typing, please enter only one letter in each box.



Candidate Information

First Name Middle Initial

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Last Name and Suffix, if any

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Number and Street Apartment Number

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City State/Province Zip/Postal Code

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E-mail Address

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Daytime Phone Evening Phone

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Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

MEDICAL PROFESSION Nurse Practitioner Physician Assistant Physician

A. MEDICAL SPECIALTY (in addition to Bariatric Medicine): *(Darken all that apply)*

- Anesthesiology
- Emergency Medicine
- Family Medicine
- Surgery - General
- Surgery - Other
- Preventive Medicine
- Obstetrics-Gynecology
- Internal Medicine
- Other _____

B. PERCENT OF YOUR PRACTICE DEVOTED TO BARIATRIC MEDICINE:

- Less than 25% 51 to 75%
- 25 to 50% More than 75%

C. YEARS OF PRACTICE IN BARIATRIC MEDICINE:

- Less than 2 years 5 to 9 years
- 2 to 4 years 10 years or more

D. ARE YOU A MEMBER OF ASBP?

- No Yes

IF YES, HOW LONG HAVE YOU BEEN A MEMBER OF ASBP?

- Less than 2 years 5 to 9 years
- 2 to 4 years 10 years or more

E. ARE YOU A MEMBER OF THE OBESITY SOCIETY?

- No Yes

IF YES, HOW LONG HAVE YOU BEEN A MEMBER OF THE OBESITY SOCIETY?

- Less than 2 years 5 to 9 years
- 2 to 4 years 10 years or more

F. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- No Yes

If yes, when and under what name?

Date: _____ Name: _____

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Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

Race:

- African American Hispanic White
 Asian Native American Other

Age Range:

- Under 25 30 to 39 50 to 59
 25 to 29 40 to 49 60+

Gender:

- Male Female

Candidate Signature

I have read the Policies and Procedures for the Certificate of Advanced Training in Bariatric Medicine (2010) and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with the Policies and Procedures instructions and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ **DATE:** _____

2010 Qualifications for Certificate of Advanced Training in Bariatric Medicine

- 1 A copy of each of the state, province or jurisdictional Nurse License or Physician Assistant License in which the candidate currently practices medicine. Physician candidates who have not completed a U.S. or Canadian medical residency or the equivalent training in a U.S. territory are required to submit evidence of completed medical training as well as active licensure where the candidate currently practices medicine.
- 2 A copy of the candidate's DEA registration certificate where applicable.
- 3 A signed Declaration and Consent form.
- 4 A minimum of one hundred (100) credit hours of continuing medical education (CME) are required for certification. Fifty (50) of those credit hours must include **Prescribed** CME which involve education in the core-content of bariatric medicine as defined by the ABBM. The remaining fifty (50) credit hours may be fulfilled by **Elective** CME which involve education on obesity-related topics in a broader sense. The one hundred (100) credit hours should be completed within thirty six (36) months of submission of the final application deadline (7/31/07-7/31/10). A copy of the candidate's CME certificates should accompany the application.

EXAMINATION FEES

Amount of the examination fee is determined by the date the complete application is received by the ABBM office.

NEW CANDIDATE

Early Deadline Fee (6/15/2010) \$500
 Final Deadline Fee (7/31/2010) \$700

RETAKE CANDIDATE

Written Examination: \$500

Applications received after July 31, 2010, will not be accepted for the 2010 ABBM Written Examination in Bariatric Medicine.

CREDIT CARD PAYMENT

If you want to charge your application fee on your credit card provide all of the following information.

Name (as it appears on your card): _____

Address (as it appears on your statement): _____

Charge my credit card for the total fee of: \$ [] [] [] [] [] []

Expiration date (month/year): [] [] / [] [] [] []

Card type: Visa MasterCard **3 Digit ID on back of Card:** [] [] []

Card Number: []

Signature: _____

FOR OFFICE USE ONLY

Date

Fee: [] [] [] [] [] []

CC Check

[] []

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