



**AMERICAN BOARD OF ADDICTION MEDICINE**

# **2012 CERTIFICATION EXAMINATION APPLICATION**

## **Application Deadline Dates**

***Early Deadline:***

October 31, 2011

***Standard Deadline:***

January 31, 2012

***Final Deadline:***

June 15, 2012

**Examination Date**

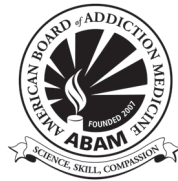
December 15, 2012

## **SEND APPLICATION TO:**

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







## Eligibility Requirements

Applicants must meet each of the following six criteria in order to sit for the ABAM Certification Examination in 2012:

**1 LICENSURE** A valid and unrestricted license to practice medicine in the United States, its territories, or Canada. A valid medical license is a certificate to practice medicine which is issued by the appropriate agency and which certifies that a physician is allowed to practice medicine within that country, province or state. A physician may hold one or more licenses, each of which must be valid, full, unrestricted and unqualified at the time of application and at the time of the examination. For more information on what qualifies as a valid and unrestricted medical license, please see page 18, Appendix D.

**2 MEDICAL EDUCATION** Graduation from a medical school in the United States or Canada approved by the Liaison Committee on Medical Education (LCME), or the Committee of Accreditation of Canadian Medical Schools (CACMS), or from a school of osteopathic medicine approved by the American Osteopathic Association (AOA). If the applicant is a graduate of a medical school outside the United States or Canada, the applicant must have a currently valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG); or have passed the Medical Council of Canada Evaluating Examination (MCCEE).

**3 BOARD CERTIFICATION AND RESIDENCY REQUIREMENTS:** This requirement must be completed by June 15th, 2012. Certification by a member board of the American Board of Medical Specialties (ABMS), OR certification by the American Osteopathic Association (AOA), OR successful completion of a residency training program in any medical specialty.

**Residency programs must be accredited by one of the following:**

- The Accreditation Council for Graduate Medical Education (ACGME)
- The Royal College of Physicians and Surgeons of Canada, or
- The Professional Corporation of Physicians of Quebec.
- Residency programs accepted by any member board of the American Board of Medical Specialties as qualifying to sit for that member board's certification examination will be accepted as qualifying to sit for the ABAM Certification Examination.

**4 PRACTICE OR SPECIALIZED TRAINING FOR ADDICTION MEDICINE** This requirement must be completed by June 15, 2012 and may be fulfilled by either of the following pathways:

**Pathway A:** *Practice: One year full-time equivalent (1 FTE) of activity in the field of Addiction Medicine:* 1 FTE is equal to at least 1,920 hours over the previous 5 years (2007-2012) in teaching, research, administration, and clinical care or the prevention of, as well as treatment of individuals who are at risk for or have a substance use disorder. At least 400 of these hours MUST have been spent in direct clinical care of patients. Hours used to meet the requirement must have been accrued between July 1, 2007 and June 15, 2012. This practice experience in the field addiction medicine MUST be in addition to, and not concurrent with, residency training in any other field. For example, "elective rotations" during a Primary Care residency program may not be used to fill this requirement. Examples include: ASAM-sponsored educational programs or educational programs specifically on Addiction Medicine that are eligible for Category I credit towards the AMA Physician Recognition Award. **OR**

**Pathway B:** *Completion of an ABAM-Foundation accredited training program.* Candidates who have successfully completed a one-year ABAM-Foundation accredited Addiction Medicine residency training program will be able to sit for the 2012 ABAM certification, if all other requirements have been fulfilled. Formal training in Addiction Medicine may occur over 1 or 2 years. A letter of program completion from the program director that documents successful completion of the Addiction Medicine residency training program must accompany the application. One year training programs are equivalent to approximately 2,000 hours.

**5 LIFE LONG LEARNING** 50 hours of Addiction Medicine educational course work (CME) Category I Credit towards the AMA Physician Recognition Award. Credits must relate to addiction and substance use disorders, and MUST have been accrued between December 15, 2010 and December 15, 2012. (Canadian or osteopathic equivalent accepted.)

**6 PROFESSIONAL STANDING** Good standing in the applicant's medical community as evidenced by at least one letter of recommendation by: an ABAM- or ASAM-certified physician), or a direct physician supervisor.







# 2012 Certification Examination Application

## 1 GENERAL INFORMATION AND LICENSURE

**Instructions:** This form must be typed (not hand-written). Sign, and mail the application to the ABAM office the enclosed certification application, 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](http://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](mailto: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 27 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
- ABMS Board Certified
- AOA Certified
- Medical Education
- Completion of Residency
- Letter of Reference
- CME
- FTE

**Staff Use Only: Notes**

- Accepted
  - Not - Accepted
  - Further Review
- Comments:

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









APPLICANT NAME \_\_\_\_\_

**5 LIFELONG LEARNING**  
**CONTINUING MEDICAL EDUCATION**

Please list below the programs of continuing medical education (CME) which fulfill the requirement of 50 hours of Category I Credit toward the AMA Physician Recognition Award (Canadian or osteopathic equivalent accepted). The program topics **must relate to addiction medicine**. The credits must be accrued over the two years prior to September 30, 2012.

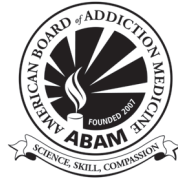
The applicant must complete all of this section. Reference to an attached CV is not sufficient. All items must be typewritten. This page may be photocopied if additional space is needed to report CME activities. If the applicant does not have the minimum 50 CME credits at the time of application, the applicant **MUST** project his/her 50 CME credits, and submit these pages with the rest of the application. Please submit CME certificates to document the 50 hours. ABAM will obtain CME completion information on addiction medicine review courses for applicants.

DATE MM/YY	PROGRAM TITLE	SPONSOR	LOCATION (please include city & state)	BRIEF DESCRIPTION OF PROGRAM CONTENT	NO. OF CREDITS
<b>TOTAL NO. OF CREDITS</b>					

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## 12 SIGNATURE AND RELEASE

**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 certification.

I agree that the Board may disqualify me from examination, from certification, or may cancel my 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 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 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 the examination room. I agree not to make any phone calls during an examination session.

I understand and consent to the fact that my certification status is public information and that the Board will publish and/or make my 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

*Continued on next page*

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Continued from prior page

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.

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 examination 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 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 full name) \_\_\_\_\_ Date \_\_\_\_\_

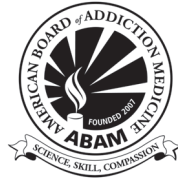
Unsigned or altered forms are not processed and are returned.

**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**

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## 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, and
- 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 31, 2012

June 15, 2012

### SECTION B: PHYSICIAN PROVIDING REFERENCE COMPLETES THIS SECTION

LAST NAME

DEGREES

FIRST NAME

MIDDLE NAME

TITLE/POSITION

ORGANIZATION

MAILING ADDRESS

CITY

STATE/PROVINCE

ZIP + FOUR



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

I AM:  ASAM-CERTIFIED  ABAM-CERTIFIED  OTHER

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## APPENDIX B - Preparation for the ABAM Certification Examination

The Certification/Recertification 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)<sup>TM</sup>

For more information call CSAM at (415) 764-4855 or email: [csam@compuserve.com](mailto:csam@compuserve.com); website: [www.csam-asam.org](http://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)<sup>TM</sup>

For more information call ASAM at (301) 656-3920 or email: [meetings@asam.org](mailto:meetings@asam.org); website: [www.asam.org](http://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 presents 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>.

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## 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 use disorder, 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 under-served 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.
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.

*It is the obligation of the candidate/diplomate to inform the Board immediately upon any change in licensure status.*

(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.)

## PLEASE CHECK THAT YOU HAVE DONE ALL OF THE FOLLOWING

Please check off the items below indicating completion of each, sign page 14 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.
- ✓ Copy of certificate attesting to completion of Residency or certification by an approved specialty board, (or documentation that this is in process and will be completed by the June 15, 2012 deadline).
- ✓ If an ABAM training program has been completed, a letter of program completion from the program director.
- ✓ Copy of proof of medical training.
- ✓ Self-addressed, stamped postcard to be returned to you as proof that we received your application. (Unnecessary, if abroad.)
- ✓ Signed Certification Application Statement (Section 12).
- ✓ 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](mailto:email@abam.net)  
Website: [www.abam.net](http://www.abam.net)