***Office address***
**111 West Jackson, Suite 1110**
**Chicago, Illinois 60604**

**Phone (312) 939-2276 [ABPM]** **Fax (312) 939-2218**
**E-Mail:** abpm@theabpm.org
**Website:** www.theabpm.org

# MAINTENANCE OF CERTIFICATION (MOC©) EXAMINATION APPLICATION FOR:

# UNDERSEA AND HYPERBARIC MEDICINE

# Instructions for Completing the Application

## Deadlines

Applications are due 10 days prior to the MOC® examination date, but seats are available on first come, first serve basis.

## Completing the Application

1. The Board stresses careful and complete preparation of the application. Incomplete applications may result in an additional fee or possible disqualification.
2. Return all numbered pages of the application along with supporting documentation.
3. You must use the application form for the current year.

## Application and Examination Fees

MOC® Examination fee .. ..... ..... ..... ..... ..... ..... ..... .....$1,750*

**FEE PAYMENT**
Fees may be paid by credit card by completing the information below and submitting it with the application to the ABPM Board office. Personal checks and money orders are also accepted for fees. There is a $25.00 charge for bank-returned checks. Only U.S. dollars may be used; no foreign currencies are acceptable. Make check/money order payable to: The American Board of Preventive Medicine.

**All fees are reviewed annually and subject to change at the direction of the Board.*

**CREDIT CARD INFORMATION**

Name (as it appears on credit card):_____

Billing Address:_____

_____

_____

Select type of credit card:

☐ ☐ ☐ ☐

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Security Code: ☐☐☐☐ Expiration Date: ☐☐/☐☐ Amount:: $☐☐☐☐.☐☐

Signature:_____ Date:_____

The Security Code is the 3 digit code found on the back of your credit card. All fees are in US dollars.

I hereby apply for maintenance of certification (MOC®) through the ABPM in the subspecialty area of Undersea and Hyperbaric Medicine at the location and date checked below:

EXAM DATE and LOCATION

- ☐ Feb 19, 2014 at 10:00 am -- Preventive Medicine, New Orleans, LA
- ☐ April 27, 2014 at 9:00 am -- ACOEM - AOHC, San Antonio, TX
- ☐ May 11, 2014 at 1:00 pm -- AsMA Annual Meeting, San Diego, CA
- ☐ June 18, 2014 at 1:00 pm -- UHMS Annual Meeting, St Louis, MO
- ☐ Aug 28, 2014 at 10:00 am -- ACPM Review Course, Washington DC
- ☐ Fall 2014 TBD -- ACOEM Fall Courses

In making this application and in consideration of its acceptance by the ABPM, I hereby agree to accept and be bound by the terms and conditions governing MOC® as a diplomate of the ABPM as set forth in the Articles of Incorporation, Bylaws, and Policies and Procedures of the ABPM, as they now exist and as they may be amended from time to time in the future.

In further consideration and as a condition of my acceptance by ABPM for MOC®, I hereby further agree:

1. To indemnify and hold harmless the ABPM and each of its members, trustees, officers, agents, employees and examiners, individually and collectively, from and against any claim or liability arising out of any act or omission related to or arising out of (a) the processing of this application, (b) the examination or the grading of it, or (c) the granting or failure to grant recertification or diplomate status;

2. That any certificate of diplomate status issued to me shall be and shall remain the property of the ABPM and that I shall promptly return the certificate to the ABPM in the event my status as a diplomate is terminated, either voluntarily or by action of ABPM;

3. That the registration fee which accompanies this application for examination shall not be refunded and that the examination fee shall not be refunded within the period of fourteen (14) days before my examination is scheduled unless the ABPM determines, in its absolute discretion, that circumstances beyond my reasonable control preclude my taking the examination;

4. That I am obligated to inform the ABPM immediately of any change in my status as described in this application occurring after its submission, and I understand that my failure to so inform the Board is grounds for my disqualification as a candidate for examination or as a diplomate, if I am recertified;

5. That my name, along with names of all physicians recertified as diplomates of the American Board of Preventive Medicine, will be published in *The Official ABMS Directory of Board Certified Medical Specialists,* and will be posted on the ABMS web site (www.abms.org) and the ABPM web site (www.theabpm.org). I understand that this information is available to the public. I further understand that in the event I become recertified by the ABPM, I will be contacted concerning the form and content of my listing and any special limitations I might identify.

I CERTIFY that all statements and representations made as part of the application are true and accurate and I FULLY ACKNOWLEDGE AND ACCEPT the foregoing terms and conditions of my application for admission to the examination.

SIGNATURE _____ DATE _____

In further consideration of my acceptance for MOC® by the ABPM, I hereby authorize the ABPM to request information from any of the persons or organizations to which I have referred in this application and to take such further action as it deems necessary, in its absolute discretion, to verify that I possess the training, experience, and medical licensure required to be admitted for the examination.

SIGNATURE _____ DATE _____

## General Information

LAST NAME FIRST NAME MIDDLE NAME

NAME, ***INCLUDING DEGREES IF DESIRED, EXACTLY AS IT SHOULD APPEAR ON THE CERTIFICATE***

Soc. Sec. #:_____ Date of Birth:_____ Place of Birth:_____

Home Address:_____

Home Phone: _____ E-Mail:_____

Work Address: _____

Work Phone: : _____ Fax:_____

Correspondence should be mailed to: ☐ Home or ☐ Work

## ABPM Board Certification

Date of Certification_____ Certification #_____

## Medical Licensure

**Requirement:**

Diplomates must hold current, valid, and unrestricted license from each State in which diplomates is licensed. License(s) must be valid at all times during the ten-year cycle.

Have you ever had a medical license revoked, suspended, restricted, or under disciplinary action?

☐ YES, Please Explain_____

☐ NO

**Instruction:**

Send photocopy, from each state you hold a license, of the current license registration showing expiration dates.

State/Province:_____ License Number:_____

State/Province:_____ License Number:_____

State/Province:_____ License Number:_____

***All current licenses must be listed. All such licenses must be unrestricted. Use additional sheet if needed.***