

Board Certification in Clinical Metal Toxicology



APPLICATION FOR INITIATING BOARD CERTIFICATION
(NON-REFUNDABLE APPLICATION PROCESSING FEE MUST ACCOMPANY THIS APPLICATION.)
This application must be filled out completely or it will be returned.

Please Print Clearly

Section 1 - Personal Data

NAME OF APPLICANT: _____ D.O. _____ M.D. _____

* - HOME ADDRESS: _____

CITY/STATE/ZIP: _____

* - WORK ADDRESS: _____

CITY/STATE/ZIP: _____

*Please Check which address you prefer to receive association correspondence

OFFICE # _____ OFFICE FAX #: _____

HOME #: _____ HOME FAX #: _____

SOCIAL SECURITY #: _____ BIRTH DATE: _____

EMAIL ADDRESS: _____

Staple 2 Passport
Size Photographs
taken within the last
60 days

DO NOT WRITE IN THIS SPACE-FOR OFFICE USE ONLY

Received _____ Fee \$ _____ Check # _____ M/O _____

ID #: _____ Order #: _____

Section 5 - Background Data

Check appropriate responses. Provide **complete** details to any YES response on a **separate** sheet and attach to this application.

	Yes	No
Is there now pending or has there ever been any formal investigation or inquiry by any public entity, hospital, board, agency, or official, relating to or connected with any license you now hold, or have ever held, regarding your professional conduct?		
Is there now pending or has there ever been any litigation or inquiry against you involving your practice/s alleging unprofessional conduct, wrong doing, negligence, or act of moral turpitude?		
Is there now pending or has there ever been any litigation or inquiry against you involving your relationship with patients alleging unprofessional conduct, wrong doing, negligence, or act of moral turpitude?		
Has any disciplinary action ever been taken regarding any license which you now hold or have ever held?		
Have you ever had a license to practice medicine in any state or country restricted, suspended, revoked, or denied?		
Have you ever had health, legal, or occupational problems associated with alcohol or drug use?		
Have you ever been hospitalized or treated for a mental or emotional disorder, alcohol, or drug dependency?		
Have you ever been convicted of, pleaded guilty to, or pleaded nolo contendere to a felony offense in any state?		
Have you ever resigned a license to practice medicine in any state or country?		
How did you learn about this ABCMT board of certification? <input type="checkbox"/> ABCMT Diplomate <input type="checkbox"/> ABCMT Web Site <input type="checkbox"/> Advertisement <input type="checkbox"/> Hospital (Please List Name Below) <input type="checkbox"/> Managed Care Org. (Please List Name Below) <input type="checkbox"/> Physician Recruiting Firm (Please List Name Below) Other _____ Facility/Organization/Firm Name: _____		

**American Board of Clinical Metal Toxicology
Code of Ethics**

As a candidate for examination by The American Board of Clinical Metal Toxicology. I pledge myself to...

- Maintain the highest standard of personal conduct.
- Promote and encourage the highest level of medical ethics in medicine.
- Maintain loyalty to the goals and objectives of the American Board of Clinical Metal Toxicology.
- Recognize and discharge my responsibility and that of the medical profession to uphold the laws and regulations relating to the practice of medicine.
- Strive for excellence in all aspects of my medical practice.
- Use only legal and ethical means in the provision of care to my patients.
- Provide patient care impartially; provide no special privilege to any individual patient based on the patient's race, color, creed, sex, national origin, or disability.
- Accept no personal compensation from any party that would influence or require special consideration in the provision of care to any patient.
- Maintain the confidentiality of privileged information entrusted or known to me by virtue of my role as physician.
- Cooperate in every reasonable and proper way with other physicians and work with them in the advancement of quality patient care.
- Use every opportunity to improve public understanding of the role of the specialist physician.
- Abide by the highest ethical standards in activities designed to attract patients to my practice.

SWORN STATEMENT OF APPLICANT

Initial in the designated place beside each section, indicating your agreement with the conditions. Provide the information at the end of the form, including your signature, date, and notary information.

I, _____, make application for certification in the American Board of Clinical Metal Toxicology (ABCMT). As an integral part of my application, I make the following representations and agree to the following conditions:

- I certify that all information set forth in my application, including supporting documentation, is accurate and complete. _____ *Initial*
- I understand that ABCMT will open and maintain a file on my certification application, and that the contents of the file are property of ABCMT. _____ *Initial*
- I hereby grant ABCMT, its employees and agents, permission to contact each institution, state board of medical examiners, licensing agency, credentialing agency, person, or other entity identified in my application, as well as other persons and entities deemed appropriate by ABCMT, to seek independent verification of the information I have provided or failed to provide. I give ABCMT permission to contact any and all parties and to obtain all information required for any reasonable and necessary follow-up. _____ *Initial*
- I have read, am familiar with, and agree to abide by the ABCMT Code of Ethics. I understand that I have duty to notify ABCMT in the event that I surrender any medical license to a state medical licensing board, or with respect to any medical license I hold, adverse action has been taken against my medical license, based on an offense that is reportable to the National Practitioners Data Bank. _____ *Initial*
- I understand that I must meet the requirements for certification in effect at the time my application is received by ABCMT. I also understand that my application for certification (a completed application form with the required certification fee) is valid for three years from the date that ABCMT receives the application and fee. After a period of three years, if my application, including all required forms and documents, is NOT complete, my file becomes invalid, thereby requiring me to submit a new application and fee in order to pursue certification. I understand that the certification requirements in effect at the time my application is received by ABCMT will not change, provided my application is completed within three years and I successfully meet the examination requirements. If it is necessary for me to reapply for certification, I understand that I must meet the certification requirements in effect at the time the application is received by ABCMT – requirements that may have changed since my initial application. I further understand that rules, regulations, and other organizational documents, including the requirements for maintaining certification and for recertification, may be changed from time to time and that it is my responsibility to remain informed of, and in compliance with, any such changes. _____ *initial*
- I understand that once I become certified I must pay a prorated maintenance of certification fee for the first year and thereafter a yearly annual maintenance of certification fee in order to maintain my certification. I understand that as part of the maintenance fee I will also receive membership in ABCMT _____ *initial*
- I understand that periodic recertification is mandatory by ABCMT. I also understand that requirements for recertification may change and that it is my responsibility to remain informed about these changes and remain in compliance with the requirements for recertification. _____ *Initial*
- I understand that the existence of any false information in my application, undisclosed revocation or surrender of a medical license, or evidence of any proceedings that may result in revocation of a medical license are grounds for disqualifying me from taking any examination permanently and in perpetuity. _____ *initial*
- I understand that if incomplete or unverifiable information exists in my application file, such information will disqualify from taking any examination until such questionable information is verified as true and correct. _____ *initial*
- I understand that any certification attained by me is subject to revocation if certification was obtained through false pretenses of fraud. Revocation of certification will be initiated in such situations as, but not limited to: (1) I made any statement or provided any information which is false or incomplete; (2) False information was provided with my knowledge on my behalf by another party; (3) I violated any of the rules, regulations, or requirements governing the conduct of the certification examinations or the certification process; (4) I disregard or violate any of the provisions of the constitution, bylaws, regulations, or requirements of ABCMT in the process of obtaining or recertifying ABCMT Certification. In the event of such revocation, I agree promptly to surrender my certificate(s) to ABCMT. _____ *Initial*
- I agree to hold the ABCMT, their members, officers, directors, governors, examiners, and their agents, free and harmless from any damage, expense, complaint, or cause of action whatsoever by reason of any action they, or any of them, may reasonably take in connection with: (1) my application and the investigation thereof; (2) the examinations; (3) the results of the examinations; (4) the certification process; (5) recertification; or (6) the revocation of any certificate issued to me. _____ *initial*
- I represent that I have signed this sworn statement freely and voluntarily, without duress or coercion, intending to be bound by it and intending that ABCMT will rely on it. _____ *initial*

Applicant Signature _____ Date: _____

Applicant' Name-Printed: _____

Sworn to and subscribed before me this _____ day of _____

Notary Public: _____ NOTARY SEAL (Required)

My Commission Expires: _____