Diplomate Certification

*In the New Clinical Medical Specialty of **Anti-Aging Medicine***

Certification and Credential Requirements

Health Practitioners License (Attach Copy of License) Degree: [ ] D.C. [ ] D.D.S. [ ] N.D. [ ] D.P.M. [ ] R.Ph. [ ] R.N. [ ] N.P. [ ] P.A. [ ] Ph.D. [ ] Acupuncturist

Granting Institution:_____ Date of Graduation:_____

[ ] Attach copy of active medical license

[ ] Attach resume showing 5 years in clinical practice

[ ] Attach 250-word autobiography indicating primary areas of interest within anti-aging medicine

[ ] Attach copies of CME Certificates/other evidence of CME accrual

By signing this certification and credential request form, I hereby declare my intention to fulfill, prior to being granted final certification diploma, the following requirements:

1. Attendance at two (2) A4M-sponsored and/or supported conferences on anti-aging medicine and biotechnology
2. Accrue two hundred (150) documented hours of Continuing Medical Education (CME)/ CEU in related fields over the past eight (8) years

Contact Information (Home)

Name:_____

Address:_____

City:_____State:_____Zip:_____

Country:_____

Phone:_____Fax:_____

E-mail:_____

Hospital/Practice Facility Information

Name of Practice/Facility:_____

Address:_____

City:_____State:_____Zip:_____

Country:_____

Phone:_____Fax:_____

E-mail:_____

A4M Official ABAAHP Examination Dates: (Select One)

WRITTEN (PART I) EXAM VENUES:

[ ] April 26, 2009: Orlando, FL USA
Registration Deadline: March 26, 2009

[ ] May 30, 2009: Bangkok, Thailand
Registration Deadline: April 30, 2009

[ ] September 13, 2009: San Jose, CA, USA
Registration Deadline: August 15, 2009

[ ] October 4, 2009: Sydney, Australia
Registration Deadline: Sept 5, 2009

[ ] October 18, 2009: Bali, Indonesia
Registration Deadline: Sept 25, 2009

[ ] December 12, 2009 : Las Vegas, NV USA
Registration Deadline: Nov 15, 2009

Contact the Board Registrar (e-mail: gabriela@worldhealth.net) for exact sitting time and date

Fees (Due With Application):

Written Exam Fee:
$795 Due with Application

Annual Credentialing/Certification Documentation:
$195 per year

Payment

[ ] Check (*Payable to American Board of Anti-Aging Medicine*

[ ] Credit Card [ ] Visa [ ] Master Card [ ] AmEx

Card Number:_____

Exp Code:_____Security Code:_____

Cardholder Name (print):_____

Cardholder Signature:_____

Should this application fail to meet the board requirements, the written exam fee will be refunded minus 20% processing fee. Cancellations for the written exam will be refunded if ABAAHP is notified in writing 30 days following application receipt and prior to the stated registration deadline for the sitting date, minus 20% processing fee. Cancellation after deadline for sitting will be charged the penalty of 40% processing fee. Books, review materials, and/or courses beyond a syllabus and exam guide are not included in these fees. Qualifications and specifications for board examination may be subject to modification without notice by ABAAHP at anytime.

I, the undersigned, hereby authorize the American Board of Anti-Aging Health Practitioners to accept my application and fees and to review the enclosed materials. I certify that these materials are correct, complete, and true to the best of my knowledge. I have read and understand the provisions for refund of fees above. I certify with this signature that I will meet the ethical, academic, and professional standards set by the Board, and that I will have fulfilled all requirements for ABAAHP certification by such time as such certification is awarded. _____ _____

Signature Date

Acct. Rep.:_____Referenced by (Fax, E-mail, Phone):_____ Date:_____

Contact Board Coordinator 800-558-1267 or e-mail at boards@worldhealth.net for more information

FAX COMPLETED APPLICATION to Fax: 800-558-1267