

American Board of Preventive Medicine

111 West Jackson Blvd, Suite 1110, Chicago, IL 60604

Phone: 312-939-2276 Fax: 312-939-2218 website: www.theabpm.org

**2012 Application for
Certification in the Subspecialty of Medical Toxicology
This completed application must be postmarked by May 1, 2012**

I hereby make application to the American Board of Preventive Medicine (ABPM), in accordance with and subject to its rules and regulations, to take the examinations that may lead to subcertification in Medical Toxicology. I hereby certify that the information given in this application is true, complete and accurate to the best of my knowledge and that I have received and read the terms and conditions of this application set forth in ABPM's 2012 application packet. I acknowledge that I have no vested right in any policy or procedure, that the same is subject to change from time to time at the discretion of ABPM, and that I assume the obligation to keep myself acquainted with such changes. I further certify that I have completed the training necessary to fulfill the credential requirements.

I understand that: (a) falsification of this application, or (b) the submission of any falsified documents to ABPM, or (c) the use of any falsified ABPM documents or the submission of such documents to other persons, or (d) the giving or receiving of aid in an examination as evidenced either by observation at the time of an examination or by statistical analysis of my answers and those of one or more other participants in that examination, or (e) the unauthorized possession, reproduction, recording, discussion, or disclosure of any materials, including, but not limited to, examination questions or answers, before, during, or after an examination, or (f) the offering of any financial or other benefit to any director, officer, employee, or other agent or representative of ABPM in return for any right, privilege, or benefit which is not usually granted by ABPM to other similarly situated candidates or persons, may be sufficient cause for ABPM to bar me permanently from all future examinations, to terminate my participation in an examination, to invalidate the results of my examination, to withhold my scores or certificate, to revoke my certificate, or to take other appropriate action.

I also understand that ABPM may withhold my scores and may or may not require me to retake one or more portions of an examination if ABPM is presented with sufficient evidence that the security of one or more portions of an examination has been compromised, notwithstanding the absence of any evidence of my personal involvement in such activities. I agree that ABPM will not be liable for candidate travel and/or other losses or expenses incurred as a result of an examination cancellation or postponement.

I agree to indemnify ABPM and its directors, examiners, committee members, officers, employees, and agents and to hold them harmless from any claims or damages including, but not limited to, attorneys' fees and costs, incurred in connection with any action they, or any of them, take or fail to take in connection with this application, my eligibility for examination, the gathering, furnishing and use of information about my training and practice, the grading or conduct of my examinations, and the failure of ABPM to issue me a certificate.

I agree that any controversy or claim arising out of or relating to this Agreement, or the breach thereof, that cannot be resolved directly between the parties, shall be settled by arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in the Circuit Court of Cook County, State of Illinois.

I further agree that if, notwithstanding the preceding provision, a court of competent jurisdiction determines that an action or a proceeding may be brought by a party in connection with this Agreement, the Agreement shall be governed by and construed in accordance with the laws of the State of Michigan, and shall be treated as though it were executed in and were to have been performed in Ingham County, Michigan. Any action relating to this Agreement must be instituted and prosecuted in a court located in Ingham County, Michigan. I specially consent to extra-territorial service of process and specifically waive any right I may have or acquire to sue ABPM in a country other than the United States or anywhere outside of Cook County, Illinois.

I understand and agree that ABPM may inform the director of the program in which I completed my senior or chief resident year as to my performance on any or all of ABPM's examinations taken by me at any time.

ABPM reserves the right to conduct and to report research studies of its examinations and its examination data for purposes of quality assurance, examination development, and benefit to the specialty. Individual candidate confidentiality would not be violated or compromised.

I understand that ABPM provides the American Board of Medical Specialties (ABMS) a list of Medical Toxicology diplomates and diplomates who are renewing their certification that includes names, addresses, and other information as required by ABMS; that ABMS provides diplomate information for publication in a directory and to other licensees according to defined protocols and guidelines; that ABPM provides lists of diplomates to its sponsor organizations upon request; and that ABPM responds to individual inquiries to confirm a physician's subspecialty diplomate status, and I authorize ABPM to release this information.

I certify that I have read and understand the above information and that by my signature I authorize and request the persons listed in this application, representatives of the institutions named herein, any licensing boards, other persons and organizations to furnish any information requested by ABPM on my training, medical practice, and status of my medical license(s).

TYPE or PRINT Applicant's Name

Signature of Applicant _____/ ____/ 2012
Date

2012 Application for Certification in Medical Toxicology

SECTION 1: PERSONAL DATA

Please enter your name as you wish it to appear on the certificate.

NAME:

First

Middle

Last

Degree

ADDRESS and IDENTIFICATION:

Home Address:

Business Address:

Home Telephone:

Business Telephone:

Email Address:
Date of Birth:

Fax:
Medical School Graduation Year:

Social Security/Insurance Number:
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AMERICAN BOARD OF MEDICAL SPECIALTY (ABMS) BOARD CERTIFICATION:

List all your ABMS primary certifications, other than your ABPM certification, and any subcertifications below:

Specialty/Subspecialty:	Year of Certification:	Certificate #:
Specialty/Subspecialty:	Year of Certification:	Certificate #:

SECTION 2: MEDICAL LICENSURE

Please provide the following information regarding your license(s) to practice medicine. If you answer "No" to the question on compliance with the enclosed *Policy on Medical Licensure*, please use a separate sheet to explain.

List all states, territories, or provinces in which you hold a medical license	License Number	Expiration Date mm/dd/yy	Is this license in compliance with the ABPM <i>Policy on Medical Licensure</i>?	
			YES	NO
			YES	NO
			YES	NO

Name:

SECTION 3: MEDICAL TOXICOLOGY FELLOWSHIP TRAINING INFORMATION

Complete this section if you have successfully completed at least 24 months of fellowship training in Medical Toxicology.

If you completed Medical Toxicology fellowship training before July 1, 2000, in a program that was not ACGME-accredited, please provide a copy of your fellowship training curriculum as well as a description of your fellowship training, including the amount of time you spent in teaching, patient care, course work, etc.

Name of Medical Toxicology Training Program:		
Address:	City/State:	
Name of Medical Toxicology Program Director:		
Was this program ACGME-accredited when you completed it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of months successfully completed:	From	To
	Month/Day/Year	Month/Day/Year
ABPM policy states that training used to fulfill the eligibility criteria of one specialty or subspecialty may not also be used to fulfill the criteria of another specialty or subspecialty. Has the fellowship training listed in this application been used to fulfill the criteria of another specialty or subspecialty? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I attest that this fellowship training time has not been used to fulfill the eligibility criteria of another ABMS specialty or subspecialty.

Note: ABPM will independently verify with your fellowship program director that you successfully completed all program requirements.

AMERICAN BOARD OF PREVENTIVE MEDICINE

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INFORMATION FOR COMPLETING the 2012 Application for Certification in Medical Toxicology

- Return the completed application form together with payment of the \$455 application fee and the \$1,505 examination fee which is a total of **\$1,960** (United States dollars) due postmarked on or before **May 1, 2012**.

Checks should be made payable to the American Board of Preventive Medicine. ABPM accepts credit cards (VISA, MasterCard, Discover, and American Express) for payment of fees. If you wish to pay your fees with a credit card, please complete and sign the enclosed credit card authorization form and return it with your application.

- The certification examination in Medical Toxicology will be administered November 12, 2012, in Pearson VUE Professional Testing Centers.
- Type or clearly print all information. Answer all questions. If a question is not applicable, please enter "N/A." An incomplete application results in delays in scheduling an appointment to take the examination.
- Please check the address at which you wish to receive all official correspondence. If not specified, ABPM will use your home address. If your address changes, please update your address on the ABPM website at www.theabpm.org.
- Please include your social security number or your Canadian social insurance number.
- You must continuously hold a current, active, full, valid, unrestricted, and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada, and in each jurisdiction in which you practice. You may hold one or more additional licenses, each of which must be valid, unrestricted, and unqualified. Please list all medical licenses you hold in Section 2: Medical Licensure.
- Sign and date the form.
- ABPM will acknowledge receipt of your application and fee within two weeks of receipt. If you do not receive the acknowledgment, please contact ABPM.

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**Credit Card Payment Form
ABPM Medical Toxicology Examination Fees**

Non-refundable Application Fee	\$455.00*
Examination Fee due with the application and is non-refundable if registration for the exam is canceled less than 48 hours prior to the exam. If your application does not get approved, the examination fee will be refunded	\$1505.00*
Total Fee	\$1960.00*

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

FEE PAYMENT

Fees may be paid by credit card by completing the information below and submitting this form to the ABPM Board office at 111 W Jackson, Suite 1110, Chicago, IL 60604, phone 312-939-2276, fax 312-939-2218. All fees are in US dollars.

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 or 4 digit code found on the back (or front for American Express) of your credit card.

MEDICAL TOXICOLOGY ELIGIBILITY CRITERIA FOR CERTIFICATION

January 2012

The American Board of Emergency Medicine co-sponsors this subspecialty with the American Board of Pediatrics (ABP), and the American Board of Preventive Medicine (ABPM).

ELIGIBILITY CRITERIA

Physicians seeking certification in Medical Toxicology through ABPM must fulfill the following eligibility criteria:

Primary Board Certification

Physicians who apply through ABPM must be current diplomates of the American Board of Preventive Medicine.

Medical Licensure

Each physician applying for Medical Toxicology certification must fulfill the ABPM Policy on Medical Licensure. The complete copy of that policy is attached.

Fellowship Training

Physicians must have successfully completed a Medical Toxicology Fellowship.

Physicians who entered training in Medical Toxicology on or after July 1, 2000, are required to have successfully completed a Medical Toxicology fellowship program accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Physicians who entered training in Medical Toxicology before July 1, 2000, must have completed a fellowship program sponsored by and based within reasonable geographical proximity of an accredited residency program in Emergency Medicine, Pediatrics, Preventive Medicine, or any combination of these programs. Only those Medical Toxicology training programs that were operated in association with general comprehensive residency programs accredited by the Residency Review Committees (RRC) for Emergency Medicine, Pediatrics, or Preventive Medicine, or by the Royal College of Physicians and Surgeons of Canada (RCPSC) are acceptable.

Physicians seeking certification in more than one subspecialty may not apply the same subspecialty fellowship training period toward fulfillment of requirements of more than one specialty or subspecialty.

ABPM requests verification directly from the program director that a physician successfully completed the Medical Toxicology fellowship program.

CERTIFICATION

A candidate who has met the eligibility criteria and who passes the subspecialty examination is recognized as being certified in the subspecialty of Medical Toxicology. Certification is for a period of ten years.

Policy on Medical Licensure

Diplomates of the ABPM or physician applying for certification by the ABPM must continuously hold a current, active, valid, full, unrestricted, and unqualified license to practice medicine in at least one jurisdiction in the United States, its territories, or Canada, and in each jurisdiction in which he or she practices. A physician may hold one or more additional licenses, each of which must be valid, unrestricted, and unqualified.

Clarification of Licenses That Are Not “Current, Active, Valid, Full, Unrestricted, and Unqualified”

A license to practice medicine is not “current, active, valid, full, unrestricted, and unqualified” if, in any manner or to any extent whatsoever, one or more of the following applies. The license is

- under probation
- conditioned; e.g., the physician is required to practice under supervision or with modification, or to obtain continuing education
- limited; e.g., to specific practice settings
- inactive as a result of an action taken by or a request made by a medical licensing board
- institutional, educational, or temporary.

Previous Licenses

A physician may have expired licenses.

Licenses that were revoked or suspended or that the physician surrendered or did not renew as a result of or in order to terminate or settle disciplinary proceedings, do not qualify as meeting the ABPM *Policy on Medical Licensure*.

Reporting Medical Licensure Information to the Board

Each physician applying for certification must report to the Board all licenses he or she currently holds, including all inactive, temporary, and educational licenses, and all licenses previously held that do not meet the ABPM *Policy on Medical Licensure*.

Physicians reporting licenses that have the following conditions must include an explanation of the status of the license:

- the license is inactive, whether voluntarily or involuntarily
- the license is invalid, restricted, or qualified
- the license was encumbered when it expired
- the license was revoked or suspended
- the physician surrendered or did not renew the license as a result of or in order to terminate or settle disciplinary proceedings.

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 its 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 required information to ABPM, upon investigation, the Board may impose sanctions it determines appropriate, including but not limited to, barring the physician from taking ABPM examinations, invalidating examinations the physician took, and revoking the physician’s certification.

Policy on Maintaining Open and Active Medical Toxicology Applications

BACKGROUND

All ABPM diplomates who wish to be certified in Medical Toxicology must submit an application and, subject to meeting the requirements for Medical Toxicology subspecialty certification, will be approved to enter the certification process as an examination candidate.

Medical Toxicology subspecialty certification requires successful completion of one subspecialty examination. The status of Medical Toxicology subspecialty examination candidates with approved applications on file with ABPM will be considered as either active or inactive.

POLICY

It is the policy of ABPM that a Medical Toxicology subspecialty certification application (hereinafter "application") will not be held on file any longer than two examination cycles. Therefore, an examination must be taken once every two examination cycles. If the diplomate does not attempt an examination during that period of time the application becomes invalid and a new application must be submitted. Current credential requirements must be fulfilled at the time of reapplication.

PROCEDURES

A candidate with an Active Status

- had an application received and approved during a current application cycle
- reactivated their status

A candidate with an Inactive Status

- declined an examination assignment
- did not respond to an examination assignment
- did not appear for an examination for which he/she was scheduled
- failed an examination

Reactivation Process

ABPM sends candidates with an inactive status the reactivation information during the reactivation cycle. The reactivation cycle corresponds with the application cycle.

Candidates with an inactive status are required to reactivate their status and submit the reactivation fee before they will be scheduled for a future examination.

All candidates with an active status at the time of scheduling for a specific examination will be seated for the examination. If seats are limited, assignments will be made according to the postmark date on the application or the reactivation request. If the examination is administered at computer testing centers, scheduling is on a first call, first served basis.