

E-mail address

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Fill in items 1-6 completely. Please print or type.

**1 DATE OF BIRTH** \_\_\_\_\_  
Month Day Year

**2 ABAP CERTIFICATION**

Date on certificate in psychiatry \_\_\_\_\_ Certificate number \_\_\_\_\_  
Month/Year

**3 ABPN ORIGINAL CERTIFICATION**

Date of certificate \_\_\_\_\_ Certificate number \_\_\_\_\_  
Month/Year

Please enclose a copy of your ABPN certification

**4 ABPN RECERTIFICATION IF APPLICABLE**

Date of certificate \_\_\_\_\_ Certificate number \_\_\_\_\_  
Month/Year

Please enclose a copy of your ABPN recertification

**5 NAME CHANGE**

Has your name changed since you last applied to this Board?

☐ Yes ☐ NO

If so, please list all previous names and include certified

documentation of name changes with this application. \_\_\_\_\_

**6 LICENSURE**

Please enclose a copy of your unrestricted medical license or the current renewal registration card of your unrestricted medical license, whichever shows the expiration date.

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**State**

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**Expiration Date**

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**Number**

Are you currently in possession of a restricted, suspended, or revoked medical license in any state?

☐ Yes ☐ NO

Do you currently have any disciplinary action pending against you before any State Licensing Board? If yes, please enclose a letter of explanation.

☐ Yes ☐ NO

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## APPLICATION STATEMENT

I agree that the Board shall be the final judge of my credentials and qualifications for recertification. 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 to complete the re-certification process independently and without the assistance of others.

I understand that the Board will send the names of all those achieving recertification to the American Society for Adolescent Psychiatry for publication.

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 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 written or oral examinations, or the failure of the Board to issue to me such recertification. It is understood that the decision vests solely and exclusively in the Board, and its decision is final.

I agree that the Board may, at its discretion, release information contained in this application, and my examination results, to researchers selected by the Board.

I release from liability any organization or individual that provides information to the Board without malice for the purpose of establishing my professional qualifications, 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 recertification.

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.

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Signature (*sign name in full*)

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Date

**UNSIGNED OR ALTERED FORMS WILL NOT BE PROCESSED AND WILL BE RETURNED.**

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## APPLICATION CHECKLIST

☐ Have you signed the application statement?

Have you enclosed:

☐ A copy of your current unrestricted medical license or current renewal registration card for your unrestricted license, *whichever shows the expiration date?*

☐ Check, money order, or cashier's check in the amount \$\_\_\_\_\_ in US currency, payable to the American Board of Adolescent Psychiatry.

**It is the responsibility of the applicant to see that the Board has received all the required documentation of training. Applicants who do not submit the required documentation of training may be removed from the examination roster.**