

American Society for Adolescent Psychiatry Council on Certification in Adolescent Psychiatry Application for Recertification in Psychiatry

Instructions

- 1. All questions must be answered in full, and specific dates must be given where requested. Please type or print legibly all information.
- 2. In order to avoid a late fee, completed applications, including fees and supporting documentation, must be received in the executive office of the American Society for Adolescent Psychiatry, on or before December 31, 2015. Only applications submitted on the current application form will be accepted. Faxed copies of applications, as well as applications on out-of-date forms, will not be processed and will be returned. Applications received after the deadline must include a \$100 late fee and be received in the Board office by April 30, 2016. Applications received after the deadline will be returned.
- 3. The complete, signed application and a single check, money order, or cashier's check for \$500 application fee in US currency, payable to the American Board of Adolescent Psychiatry, should be mailed to:

American Society for Adolescent Psychiatry PO Box 570218 Dallas, TX 75357-0218 972-613-0985

Please type or print.	
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CANDIDATE NAME	
Last Name	
First and Middle Names MAILING ADDRESS	Title (M.D., D.O., etc.)
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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 recertificattion. 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.

Signature (sign name in full)	

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

APPLICATION CHECKLIST					
Have you signed the application statement?					
Have you enclosed:					
A copy of you 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 requires documentation of training may be removed from the examination roster.					