



# ABAARM / ABAHP BOARD CERTIFICATION APPLICATION FOR PHYSICIANS

## CERTIFICATION AND CREDENTIAL REQUIREMENTS

### ABAARM

Medical Degree (attach copy of degree/diploma)  M.D.  M.B.B.S.  D.O.

### ABAAHP

Health Practitioner's License (attach copy of license)  D.C.  D.D.S.  N.D.  
 D.P.M.  R.Ph.  R.N.  
 N.P.  P.A.  Ph.D.

Granting Institution: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

- Attach copy of active medical license
- Attach 250-word autobiography indicating primary areas of interest within Anti-Ageing Medicine

- Attach resume showing 5 years in clinical practice
- 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:

### ABAARM Part I

1. Attendance at two (2) A5M / A4M-sponsored and/or supported conferences on Anti-Ageing Medicine and Biotechnology
2. Accrue two hundred (200) documented hours of Continuing Medical Education (CME) in related fields over the past eight (8) years

### ABAARM Part II

1. Production of six (6) clinical case studies in Anti-Ageing Medicine
2. Pass both the written and oral sections of the board certification exam

### ABAAHP

1. Attendance at two (2) A5M / A4M-sponsored and/or supported conferences on Anti-Ageing Medicine and Biotechnology
2. Accrue one hundred and fifty (150) documented hours of Continuing Medical Education (CME) in related fields over the past eight (8) years

## PERSONAL DETAILS

Title:  DR  MR  MS  MRS  PROF  OTHER.....

First Name:.....Last Name:.....

Address:.....

.Suburb/City: .....State:.....Postcode:.....

Email:.....

Phone: (incl country/area codes):.....

A5M Member:  YES  NO Membership No.:.....

## HOSPITAL / PRACTICE FACILITY INFORMATION

Name of Hospital / Practice Facility:.....

Address:.....

.Suburb/City: .....State:.....Postcode:.....

Phone: (incl. codes):.....Fax (incl. codes):.....



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### EXAMINATION SCHEDULE

<input type="checkbox"/>	ABAARM/ABAAHP Written Exam Revision Workshop	Mon, 5 Oct 2009, 6.30pm - 9.00pm	\$545
	Sofitel Melbourne on Collins		
<input type="checkbox"/>	ABAARM Part I. Written Exam	Thurs, 8 Oct 2009, 8.30am - 11.30am	\$2500
	Sofitel Melbourne on Collins		
<input type="checkbox"/>	ABAAHP Written Exam	Thurs, 8 Oct 2009, 8.30am - 11.30am	\$1500
	Sofitel Melbourne on Collins		
<input type="checkbox"/>	ABAARM Part II. Oral Exam Revision Workshop	Thurs, 1 Oct 2009, 6.30pm - 9.00pm	\$545
	Mercure Hotel, Spring St, Melbourne		
<input type="checkbox"/>	ABAARM Part II. Oral Exam	Sat & Sun, 3 - 4 Oct 2009, by appointment	\$2500
	Sofitel Melbourne on Collins		
<input type="checkbox"/>	ABAARM / ABAAHP Exam Review Kit - Members*		\$600
<input type="checkbox"/>	ABAARM / ABAAHP Exam Review Kit - Non-Members*		\$750
	*Board Exam Review Kit includes Study Guide (book), Official Videos (5 DVDs), The Science of Anti-Ageing Medicine (book), and Anti-Ageing Therapeutics Vol. 9 (CD)		
<input type="checkbox"/>	ABAARM Board Review Exam Video Series 2009 (20 DVDs & Cds) - Members		\$440
<input type="checkbox"/>	ABAARM Board Review Exam Video Series 2009 (20 DVDs & Cds) - Non-Members		\$550

All prices quoted are in Australian Dollars and include 10% GST. Please submit your registration together with full payment to A5M by **3 September 2009**. Applications received after this date may not be accepted.

### PAYMENT DETAILS

- CHEQUE Please find cheque enclosed for \$.....  
(cheques made payable to Australasian Academy of Anti-Ageing Medicine )
- CREDIT CARD (3% surcharge applies)     Visa     Mastercard     American Express  
TOTAL + 3% surcharge: \$.....

Card Number:.....Exp. Date:...../.....Amount: \$.....

Cardholder s Name:.....Cardholder s Signature:.....

**CANCELLATION POLICY:** Should the application fail to meet the board requirements, the written/oral exam fee will be refunded minus 20% processing fee. Cancellations for the written/oral exam will be refunded if ABAARM/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 ABAARM/ABAAHP at anytime.

I, the undersigned, hereby authorise A5M and the American Board of Anti-Aging / Regenerative Medicine 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 ABAARM/ABAAHP certification by such time as such certification is awarded.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_