



AMERICAN BOARD OF FUNCTIONAL MEDICINE

CERTIFICATION APPLICATION

INSTRUCTIONS

Candidates must complete and meet all requirements to be considered Educationally Qualified for Certification by this Board.

Candidates must obtain Educationally Qualified status BEFORE they can apply to sit for the Written Examination.

Incomplete Applications will be returned.

We suggest that you make a copy of your completed application and retain it in your files.

1. Complete the application
2. Include a Certified Check or Credit Card Payment
3. Include two passport sized (recent) photo with application
4. Mail or Fax to:

American Board of Functional Medicine
1611 Wilmot Road Suite 101A
Tucson, Arizona 85712
520-261-1750 phone
888-516-8515 fax
info@dabfm.org

Candidates must complete and meet all requirements specified in the "Rules and Procedures" booklet to be considered Educationally Qualified for Certification by this Board.

Have you ever been found guilty of an offense which caused, or might have caused, your license to be revoked? Yes No

If "yes," please explain circumstances on a separate sheet of paper.

Have you ever had your license to practice restricted or revoked? Yes No

If "yes," please explain circumstances on a separate sheet of paper.

I hereby apply to The American Board of Functional Medicine for the issuance of a certificate indicating that I am credentialed in the practice of Functional Medicine upon successfully meeting all the requirements relative thereto, all in accordance with and subject to its constitution, bylaws, and rules and regulations in force at this time. I agree to disqualification from examination or from issuance of a certificate in the event that any of the statements hereinafter made by me are false or in the event that I violate any of the rules governing such examination. I agree that said American Board of Functional Medicine its members, officers, examiners, and/or agents shall not be liable for any action any or all of them may take in good faith in connection with this application, any investigation made or examination held there under, the grade given with respect to the examinations, or for failure of said corporation to issue me such certificate.

Signature: _____ Date: _____

I affirm that the information I have provided in this Qualifying Application is accurate. I understand that The American Board of Functional Medicine may check the accuracy of the course credits listed, as well as that of credits awarded for any functional medicine program. I agree to abide by the decision of The American Board of Functional Medicine regarding my educational qualifications for certification. I have also read and agree to all the conditions set forth in the Candidate Certification Booklet.

Signature: _____ Date: _____

Exam Fees - Please check the appropriate box

\$495 - Qualifying Application Fee \$695 - Qualifying Application Fee - Late

Payment Method

Check - payable to ABFM Credit Card: Visa MasterCard

other _____ 3-digit verification code _____

Total \$ _____ (Required)

Credit Card #

Expiration Date

Name as it appears on card

Signature (cannot process credit card without signature)

Functional Medicine Program Verification: 300 Hour

Verification of Hours

	Program	Location	Hours Completed
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
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30			

ATTACH A PHOTOCOPY OF YOUR CERTIFICATE OF COMPLETION

Disabilities

Alternative testing is an appropriate service for many students with special needs. This type of testing allows the student to accurately demonstrate his/her knowledge and achievement as opposed to measuring the impact of a particular disability.

Students who need accommodations must contact the ABFM.

TESTING CENTER PREFERENCE (Optional proxy testing center, College, University)

1st Choice

City	State	Phone
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2nd Choice

City	State	Phone
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3rd Choice

City	State	Phone
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