



# AMERICAN BOARD OF FUNCTIONAL MEDICINE

## 2011 GRANDFATHER APPLICATION

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### INSTRUCTIONS

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

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. Mail or Fax to:

American Board of Functional Medicine  
1611 North Wilmot Road Suite 101A  
Tucson, Arizona 85712  
520.261.1750 phone  
888.516.8515 fax  
info@dabfm.org

Certification

(This type of certification is typically for non-physicians, for Diplomate Certification, please visit [www.dabfm.org](http://www.dabfm.org))





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## PART II

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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 (available at [www.dabfm.org](http://www.dabfm.org)).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## PART III

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**Exam Fees - Please check the appropriate boxes**

**\$200 – Grandfathering Certification \*(Certification Exam Not Required)**

*\*For Grandfathering Certification, you must have a Bachelor Degree in Science and 100 hour of functional medicine / clinical nutrition / integrative medicine training.*

### Payment Method

Check - payable to ABFM

Credit Card:

Visa

MasterCard

other \_\_\_\_\_

3-digit verification # (CVS) \_\_\_\_\_

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Credit Card #

Expiration Date

Name as it appears on card

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Signature *(cannot process credit card without signature)*



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## PART IV

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### Functional Medicine Program Verification: 300 Hour

#### Verification of Hours

Continuing Education Hours in Functional Medicine and/or Clinical Nutrition and/or Integrative Medicine?

Hours Completed

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

**Total Hours**

Do you have a current Diplomate in Clinical Nutrition?

Yes

Add 250 Hours

Have you taught coursework in Functional Medicine and/or Clinical Nutrition and/or Integrative Medicine?

Yes

- 1
- 2
- 3
- 4

Add 25 Hours

Add 25 Hours

Add 25 Hours

Add 25 Hours

**Total Hours**

Years of practice with a focus on Functional Medicine and/or Clinical Nutrition and/or Integrative Medicine?

Total Years:

Add 50 Hours for each year

**TOTAL OF EXPERIENCE**

I certify that these hours are an accurate reflection of my education.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional information for consideration.**