



# AMERICAN BOARD OF FUNCTIONAL MEDICINE

## CERTIFICATION APPLICATION

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### 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.

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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: \_\_\_\_\_

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

\$850 - Qualifying Application Fee      \$1000 - Qualifying Application Fee - Late

**Payment Method**

Check - payable to ABFM      Credit Card:      Visa      MasterCard

other \_\_\_\_\_ 3-digit verification code \_\_\_\_\_

Total \$ \_\_\_\_\_ (Required)

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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)

# 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			
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28			
29			
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)**

1<sup>st</sup> Choice

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City	State	Phone
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2<sup>nd</sup> Choice

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City	State	Phone
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3<sup>rd</sup> Choice

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City	State	Phone
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