

**AMERICAN BOARD OF
MEDICAL PSYCHOLOGY**

APPLICATION

1.	NAME First/Middle/Last		Male	Female
2.	MAILING ADDRESS			
	City:	State, Province, or Country:	ZIP/POST Code:	
3.	PHONE NUMBERS	Office	Home	
4.	FAX	EMAIL		
5.	DATE OF BIRTH (month/day/year):			
6.	Degree Type (PhD, EdD, PSYD, MA, etc.):	Year Conferred:		
7.	Psychopharmacology Training Program:			
8.	National Psychopharm Exam:			
9.	LICENSURE/ETHICS:	<p>a. Are you licensed as a psychologist by a state or provincial psychology board? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]</p> <p>Have you at any time been convicted of a felony, sanctioned by any professional ethics body, licensing board, or other regulatory body or by any professional or scientific organization? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] <i>If yes please provide an explanation on a separate sheet.</i></p>		

In making this application, I subscribe to and will support the objectives of the American Board of Medical Psychologists and I affirm that the statements made in this application correctly represent my qualifications for certification. I understand that if they do not, my certification may be voided

Applicant's Signature _____ Date _____

Please allow a minimum of four weeks to process your application
THANK YOU

Complete, this form and return with application fee of \$125 to:

Academy of Medical Psychology
Kelly Prather
4545 South 86th Street
Lincoln, NE 68526
kprather@nmhc-clinics.com

Please send documentation of the following: (psychologists with prescriptive privileges in New Mexico and Louisiana do not need to send documents; we will verify status at state website)

- Psychology License
- **Doctoral** Diploma
- **Psychopharmacology program completion or equivalent**

- Completion of a fellowship/internship of at least 1,500 hours in Medical Psychology or equivalent
- Completion of national exam or equivalent