

APPLICATION FOR CERTIFICATION

Essential Knowledge Certification in Age Management Medicine



1. Registration Information

Please Print Clearly

Name	Last	First	Middle Initial	Medical Credential(s)

Address _____				

City	State/Province	Postal Code	Country	

Home Phone		Office Phone		

Email Address _____				

2. AMMG Membership

I would also like to join/renew my AMMG Membership at this time

Professional 1 year Membership \$150 or Professional 2 year Membership \$250

3. Supporting Documents *Required prior to final processing – Check all that are enclosed or email to certification@agedmed.org*

- Curriculum Vitae or Resume
- Copy of current Medical License
- Copy of CME Certificate(s) or documentation of a minimum of 20 hours continuing education from AMMG

4. Honor / Attestation Statement

Has a state medical board or other medical oversight committee or organization imposed disciplinary action resulting from a finding or an admission of liability that you violated any professional standard of care, regulation or ethical standard governing the practice of your profession in the past 24 months?

Yes No

Have you been found liable/guilty or entered into settlement that included an admission of liability for professional malpractice, negligence, violation of informed consent, ethical misconduct or other harm to a patient by any criminal court, civil court or court appointed arbitrator in the past 24 months?

Yes No

I understand AMMG's Certification Policy and Active Certification Policy and agree to abide by provisions governing the use of Certification Logos by graduates I agree

To the best of my knowledge, the information contained in the application is true, complete and correct and is made in good faith. I understand that information supplied is subject to audit and failure to provide full and accurate information, or to respond to a request for further information, may be sufficient cause for AMMG to bar me from the exam, withhold or revoke certification or take other appropriate action with regard to my certification status. In addition I agree to keep the contents of the exam and study materials confidential and not discuss the content with anyone except authorized AMMG representatives.

Applicant's Signature

Date

5. Payment

AMMG Membership \$150 one year or \$250 two years Examination Fee \$1,495

Payment Method:

Check – Make payable to AMMG and mail to 291 Barberry Road, Highland Park, IL 60035

Credit Card: VISA MasterCard American Express Card Number _____

Expiration Date _____ Total Amount \$ _____ Signature _____