



INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

1. It is very important that your application form be completed carefully and accurately. The information you provide on this form and any accompanying documents required will be used by the ABCL to determine your eligibility to sit for the examination. If accepted, your acknowledgement/confirmation letter and your examination results will be sent to the mailing address indicated on the form.
2. Type or print clearly in ink all information requested, except signatures.
3. Candidates with Social Security numbers are not required to disclose them on the application form other than on a voluntary basis. The numbers are useful as a secondary check in matching registration information to scores to ensure that they are reported correctly.
4. Please remember that you will be required to present copies of certificates of attendance for the CME activities that you submit for points and the titles of the activities must be clearly identified. If the title of the session is not clearly related to lipids, we also encourage you to submit a copy of the program or educational outline to assist with credentialing review. The Credentialing Committee will make the final determination on point assignments.

Please mail the completed application form, fees, and documentation to the appropriate address below postmarked by no later than the application deadline. Faxed applications will not be accepted.

EXAMINATION DATES AND APPLICATION DEADLINES

2010 Examination Dates:

Spring Testing Window March 15—April 15, 2010 (*Application Deadline: February 22, 2010*)

Summer Testing Window June 14—July 14, 2010 (*Application Deadline: May 17, 2010*)

Fall Testing Window September 20—October 20, 2010 (*Application Deadline: August 30, 2010*)

Mail Applications to:

American Board of Clinical Lipidology
ATTN: Certification Manager
6816 Southpoint Parkway, Suite 1000
Jacksonville, FL 32216

Questions:

Phone: 904.674.0752

E-Mail: tmackowiak@lipid.org

DOCUMENTATION CHECKLIST

Please attach the following documents to your fully completed application:

All Candidates:

- Curriculum Vitae
- A copy of your medical license with current expiration date

Basic Eligibility Requirements:

Please supply documentation for one of the following:

- Copies of certificates from the Boards in which you are certified.

OR

- Proof that you have completed an accredited fellowship (e.g., cardiology, endocrinology) *(Please submit a verification letter signed by your program director/principal preceptor.)*

OR

- Proof that you have two years appropriate demonstrated experience. *(Two letters of recommendation from individuals qualified to comment on your work and/or experience in lipidology.)*

Documentation Requirements to Verify Credit Hour Equivalents/Point Assignment:

- Proof of relevant academic practice and relevant faculty appointment at an ACGME recognized institution *(Letter from Department Chair or Division Chief at the ACGME recognized academic institution(s) confirming appointment(s) and relevance to lipid management.)*
- Documentation of clinical research and/or scholarly publications in the management of lipid disorders *(Please list and highlight all relevant scholarly, peer-reviewed publications on your CV that is attached.)*
- Documentation of successful completion of lipid focused continuing medical education. *(Complete the ABCL CME Credit Tracking Form and attach copies of certificates of attendance for the CME activities that you submit for points. The titles of the activities must be clearly identified. The Credentialing Committee will make the final determination on point assignments.)*

Your hours must fall within the past three calendar years and be Category I continuing medical education (CME) relevant to dyslipidemia, lipids or the metabolic syndrome, approved by the Accreditation Council on Continuing Medical Education (ACCME), or Canadian CME (MAINPRO, MOCOMP). Lipid Focused Continuing Medical Education is defined by the ABCL as certified continuing medical education activities on topics relating to lipids and dyslipidemia including, but not limited to:

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| ▪ Atherosclerosis | ▪ Evidence supporting dyslipidemia treatment guidelines |
| ▪ Cardiovascular disease and coronary artery disease | ▪ Metabolic Syndrome |
| ▪ Preventive cardiology | ▪ Vascular biology |
| ▪ Lifestyle management of dyslipidemias | ▪ Advanced lipoprotein metabolism |
| ▪ Pharmacologic management of dyslipidemias | ▪ Diabetic dyslipidemia |
| | ▪ Atherosclerosis imaging |
| | ▪ Obesity and CVD |

Any CME activity that is endorsed or sponsored by the National Lipid Association or a regional chapter (the Midwest, Northeast, Southeast or Southwest Lipid Associations) will be automatically accepted.

To become credentialed, candidates must meet the Basic Requirements and submit evidence that they have earned 200 credit hour equivalents/points through a combination of training and experience.

Please read the eligibility criteria in the Applicant Handbook and Documentation Checklist carefully to ensure that you meet the requirements and that your experience and training is documented appropriately.

Basic Requirements for All Candidates:

- I am a currently licensed physician (MD or DO) in the United States or Canada

State(s) _____ License Number _____ Expiration Date _____

Documentation: Please attach a copy of your current medical license.

- I am certified by a primary care board (ABMS or equivalent) (i.e., Internal Medicine, Family Practice, Geriatrics, Neurology/Vascular Neurology Preventive Medicine, Pediatrics, Obstetrics-Gynecology)

Documentation: Please attach a copy of certificate from each Board

Board Certification List all Board certifications below.

Name of Board	Date of Certification	Date of Recertification

If You Are Not Primary Care Board Certified, Please Check One of the Following:

- I have completed a two-year minimum relevant ACGME accredited fellowship (e.g., cardiology, endocrinology).

Documentation: Please submit a verification letter signed by your program director/principal preceptor.

OR

- I have two years of demonstrated appropriate experience and practice activity in the management of patients with lipid disorders.

Documentation: Two letters of recommendation from individuals qualified to comment on your work and/or experience in the management of patients with dyslipidemia.

Training Requirements & Point Assignment:

Please check off each criterion that you have met and documented for the Credentialing Committee to consider for points.

**Final point assignment will be decided by the ABCL Credentialing Committee.*

Criteria	Points	Documentation Provided	Official Use Only
1. Certification in a primary care board <i>Documentation: Copy of certificate from Board(s).</i>	50 points	} Max 100 Points	
2. Subspecialty certification in Endocrinology, Diabetes and Metabolism (EDM), Cardiology, Nephrology OR Other relevant advanced training and/or certification, including Certified Diabetes Educator, Clinical Nutrition, Gastroenterology, Pediatric Cardiology/Endocrinology, Specialist in Clinical Hypertension <i>Documentation: Copy of certificate from Board(s).</i>	50 points 10 to 50 points*		
3. Academic practice and/or relevant faculty appointment at an ACGME recognized institution <i>Documentation: Letter from Department Chair or Division Chief at the ACGME recognized academic institution(s) confirming appointment(s) and explaining relevance to lipid management.</i>	Up to 50 points*		
4. Clinical research and/or scholarly publications in the management of lipid disorders <i>Documentation: Highlight all relevant scholarly, peer-reviewed publications on your CV.</i>	Up to 50 points*		
5. Balance of points not obtained in 1-4, must be earned through lipid focused continuing medical education credit obtained within the previous three years. <i>Documentation: Complete ABCL CME Credit Tracking Form (p. 7) and attach copies of certificates of attendance for the CME activities that you submit for points. The titles of the activities must be clearly identified. The Credentialing Committee will make the final determination on point assignments.</i>	1 point per credit hour earned		

PAYMENT INFORMATION

Credentialing Fee: \$300 + **Examination Fee: \$900** = **Total Fee: \$1,200***

A **one-time** \$300 nonrefundable application fee is incurred upon receipt of the application by the ABCL, regardless of eligibility outcome. The payment will be refunded less the \$300 nonrefundable application fee if the applicant does not meet the eligibility requirements.

Payment must be made in full at the time of submission of application package.

Check/Money order (US funds) Check # _____

I authorize the American Board of Clinical Lipidology to charge my credentialing and examination fees to my credit card listed below.

Visa MasterCard American Express

Card Number _____ Expiration Date _____

Name as it appears on card: _____

VERIFICATION OF INFORMATION

I hereby certify that the information furnished is true and correct and that the ABCL is authorized to investigate and verify any representation made on this application. I agree to have my name and contact information posted on the ABCL website, www.lipidboard.org, if I am successful in passing the examination.

Signature: _____

Date: _____

SEND COMPLETE APPLICATION PACKAGES POSTMARKED BY APPLICATION DEADLINE TO:

American Board of Clinical Lipidology
ATTN: Certification Manager
6816 Southpoint Parkway, Suite 1000
Jacksonville, FL 32216
Phone: 904-674-0752
Fax : 904-998-0855

