

APPLICATION FOR EXAMINATION



Please select the testing window for which you are applying:

- Fall 2019** October 7-November 30, 2019 (*Application deadline September 27, 2019*)
- Spring 2020** March 23-April 30, 2020 (*Application deadline March 13, 2020*)
- Summer 2020** June 29-August 7, 2020 (*Application deadline June 19, 2020*)
- Fall 2020** October 5-November 13, 2020 (*Application deadline September 25, 2020*)

| | | | |
|------------|----|-----------|-----------|
| First Name | MI | Last Name | Degree(s) |
|------------|----|-----------|-----------|

Date of Birth MM/DD/YYYY Male Female

Organization

Office Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

| | |
|--------------|------------|
| Office Phone | Office Fax |
|--------------|------------|

E-Mail

Home Address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

| | |
|------------|------------|
| Home Phone | Cell Phone |
|------------|------------|

SEND MAIL TO: OFFICE HOME **YEARS IN CLINICAL PRACTICE:** _____

TYPE OF PRACTICE: Hospital Private Practice Group Practice Lipid Clinic Education Facility

Other (Specify) _____

CERTIFICATE NAME/CREDENTIALS

Please print below exactly your name as you would like it printed on your certificate.

| | | | |
|------------|----|-----------|-----------|
| First Name | MI | Last Name | Degree(s) |
|------------|----|-----------|-----------|

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

OR

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.

REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please check the box and a member of our staff will contact you to make appropriate accommodations for your exam. The information you provide and any documentation regarding your disability and your need for accommodations during testing will be treated with strict confidentiality.

TRAINING REQUIREMENTS

Minimum of 200 points is required to successfully credential for certification. Points are earned through primary and subspecialty board certifications, relevant academic practice, involvement in relevant clinical research, and participation in lipid-focused continuing medical education activities.

Note: Applicants do not need to earn points from all 5 categories listed.

| Criteria | Points | Documentation Provided | Max 100 Points |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------|----------------------|
| 1. Certification in a primary care board <i>Documentation: Copy of certificate from Board(s).</i> | 50 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: Attach copies of certificates of attendance for the CME activities that you submit for points. The titles of the activities must be clearly identified.</i> | 2 points per credit hour earned | | |

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

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:

Visa MasterCard American Express

Card Number _____ Expiration Date _____

Name as it appears on card: _____

Signature _____

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 _____

APPLICATION FOR EXAMINATION



Documentation Checklist

- Active State Licensure*
- Certificate(s) from relevant Boards
- Current CV (please highlight any relevant publications)*
- Relevant CME certificates
- Letter from Department Chair (if faculty at an ACGME recognized institution)
- Request for Special Examination Accommodations (if applicable)

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Note- Applicants that are not certified by a primary care board (ABMS or equivalent) must include either:

- Verification letter of two year (minimum) relevant ACGME accredited fellowship
- Or
- Two letters of recommendations verifying two years of demonstrated experience in the management of patients with lipid disorders

Submit application to:

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

*Required