



American
Board of
Psychiatry and
Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

Mail to:
Executive Vice President
American Board of Psychiatry and Neurology, Inc.
2150 E. Lake Cook Road, Suite 900
Buffalo Grove, Illinois 60089
Phone: 847.229.6500
Fax: 847.229.6600

Request for Verification of Certification or Other Board Status

The ABPN will provide written verification of certification and other board status upon written request. A \$35 fee must accompany requests for verification from anyone other than the diplomate/candidate, and a release form signed by the physician about whom the information is requested.

Diplomates, as well as applicants who have not yet been notified of the status of their applications, who request written verification to be sent directly to their home or professional address, or to a state medical licensing board, do not need to include the fee; however, diplomate/applicant requests for verification to be sent to anyone else must also be accompanied by the \$35 fee. Applicants must also include the fee when requesting verification after the Board has sent to the applicant written notification of the status of his/her application.

Other Board Status

The Board confines the information it will release to the verification of the following:

1. Whether a physician has now, or had in the past, been admitted to examination, and whether or not the physician has completed the examination process.
2. Whether a physician has submitted an application for admission to examination, and whether that application was approved or is still being processed by the Board.

Information about the site and nature of a physician's training is not available from the ABPN.

The American Board of Psychiatry and Neurology, Inc., in accordance with the policy of the American Board of Medical Specialties, does not recognize or use the term "Board eligible" and does not issue statements concerning "Board eligibility." The Board informs an applicant of admissibility to examination only when the applicant has an active, approved application on file in the Board office.

NOTE: Requests that do not require the \$35 fee may be faxed to 847.229.6600.

Please check the appropriate box and include all items listed.

I am a diplomate of the ABPN or have applied for ABPN certification. Please send to me, at my address below, written verification of my board status.
A. Complete and sign request form.

I am a diplomate of the ABPN or have applied for ABPN certification and have not yet received notice of the status of my application. Please send to the state medical licensing board indicated below, written verification of my board status.
A. Complete and sign request form.

I am a diplomate of the ABPN or have applied for ABPN certification. Please send to the party indicated below, written verification of my board status.
A. Complete and sign request form.
B. Enclose a check payable to ABPN, in the amount of \$35, or fill in the credit card form.

I am a third party requesting written verification of ABPN board status about the physician listed below.
A. Complete and sign request form.
B. Enclose the release form on the next page, signed by the physician about whom information is requested.
C. Enclose a check payable to ABPN, in the amount of \$35, or fill in the credit card form.

Physician's full name _____

Physician's Social Security Number _____

Physician's Date of Birth _____

Person/Organization requesting verification: _____

Send verification to: _____

Signature _____ Date _____

