



American Board of Psychiatry and Neurology, Inc.

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

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, along with 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 on the verification to 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 ABPN, 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. Please 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. Please 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. Please complete and sign request form and 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. Please complete and sign request form. Enclose the release form on the next page, signed by the physician about whom information is requested and enclose a check payable to ABPN, in the amount of \$35, or fill in the credit card form.

Physician's full name _____

Last 4 digits of social security # _____ Date of Birth _____

Person/organization requesting verification _____

Send verification to: _____

Signature _____ Date _____



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Request for Verification of Certification or Other Board Status: Permission to Release Board Status Information

(To be completed by physician about whom information is being requested by a third party)

I hereby authorize and consent to the release of information by the American Board of Psychiatry and Neurology, Inc., or its staff, in response to requests regarding my board status. I hereby release the American Board of Psychiatry and Neurology, Inc., its directors, officers, staff, and agents from any actions, suits, obligations, damages, claims, or demands arising from so doing.

Signature (full name) _____

Print Name _____

Date of Birth _____

Date Signed _____

The American Board of Psychiatry and Neurology, Inc. accepts payment by American Express, Discover, MasterCard or Visa credit cards. Please fill in all requested information and return via mail to the address listed below or fax to 847.229.6600.

The ABPN accepts no liability for misdirected or inaccurate information.

If you submit this information via facsimile transmission, please include a Disclaimer in your fax transmission such as the one provided below:

Disclaimer: This facsimile transmission contains information, which is confidential and/or privileged. This information is intended for use only by the addressee indicated above. If you are not the intended recipient, please be advised that any disclosure, copying, distribution, or use of the contents of this information is strictly prohibited, and that any misdirected or improperly received information must be returned to the sender immediately.

Please provide all credit card information

___ American Express ___ Discover ___ MasterCard ___ Visa Credit Card No. _____

Amount Authorized for payment: \$ _____ Expiration Date (mm/yy) _____

Name as shown on Credit Card: _____

Billing Address: _____

City, State, Zip: _____

Billing Phone Number: _____

Signature of Credit Card holder: _____

American Board of Psychiatry and Neurology, Inc.

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