

American Board of Medical Microbiology

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Washington, DC 20036
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e: certification@asmusa.org

Canadian College of Microbiologists (CCM) Reciprocity Form

In order to apply for reciprocity with the ABMM, the following documentation must be submitted:

1. Completed reciprocity form, including:
 - a. Contact information (mailing address, phone and fax numbers, and email address) and
 - b. a brief synopsis of educational background (type, year, and institution)
2. Notarized copy of your CCM certificate -- Personal copies will **not** be accepted.
3. Reciprocity fee, payable by check or credit card
 - a. \$450 for members of the American Society for Microbiology
 - b. \$575 for non-members of the American Society for Microbiology

Biographical Data:

Name (First, M.I. Name):	
Daytime phone number:	Mailing address:
Fax number:	
E-mail address:	
If you are an ASM member, please include your member number here:	

Education Information:

Highest Degree(s) Received:	<i>(Major and Minor data is not required)</i>
Year:	Major:
Institution:	Minor:

I hereby certify that I am requesting reciprocal certification as a Diplomate of the American Board of Medical Microbiology. I verify that all the information that I have provided is correct and that I am in good standing with the Canadian College of Microbiologists.

(please sign and date above).

To pay by credit card, please fill in the box below:

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Credit card number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Name as it appears on credit card: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																					expiration: <table style="margin: auto;"> <tr> <td style="border-top: 1px solid black; width: 20px;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10px; height: 20px;"></td> <td style="border-top: 1px solid black; width: 20px;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td></td> <td style="text-align: center;">Year</td> </tr> </table>				Month		Year
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Today's Date: __ / __ / __ Type or sign signature: _____																												

Please make checks payable to: **American Board of Medical Microbiology**

<u>For ABMM Office Use Only</u>	Form Received (date):
	NF Record Created?
	Member Number:
	Account Code:
	Expiration Date:
	Amount: