

The Addiction Medicine Clinical Practice Pathway Attestation

Candidate Attestation of Clinical Practice Pathway Eligibility for Addiction Medicine who those who are taking the Initial Addiction Medicine Examination by The American Osteopathic Conjoint Addiction Medicine Examination Committee (AOCAM)

I hereby make application for admission to this examination leading to the issuance, to me, of the Certificate of Added Qualifications in Addiction Medicine.

I verify that I have met the requirements of **one** of the following (**Check one that applies**):

In the past five years I have accrued a minimum of 1,000 hours of practice time within a two-year period where I was engaged in the practice of Addiction Medicine. This minimum of 1,000 hours consists of:

_____ hours of published research, teaching activities within an accredited medical school or ACGME residency, and/or live or recorded live ACCME and/or AOA CME activities.

_____ hours of direct patient care.

-or-

I hold an active ABAM certificate in Addiction Medicine. I have uploaded a copy of my certificate with this application.

-or-

I have completed an American College of Academic Addiction Medicine (formerly TAMH and ABAM) fellowship in Addiction Medicine within the past five years. I have uploaded a copy of my fellowship certificate with this application.

Signature of supervisor or peer, verifying that the above attested hours, role, scope, and environmental parameters are true.

Verifier Name (Print): _____ Phone: _____

Verifier Signature: _____ Date (mm/dd/yyyy): _____

I agree that my professional qualifications, including my moral and ethical standing in the medical profession and my competence in clinical skills, will be evaluated by the AOCAM and that the AOCAM may make inquiry of the persons named in my application and of other persons, such as authorities of licensing bodies, hospitals or other institutions as the AOCAM may deem appropriate with respect to such matters; and I agree that the sources and all information furnished to the AOCAM in connection with its inquiry shall be confidential and not subject to disclosure, through legal process or otherwise, to me or to any one acting on my behalf. I agree that the AOCAM has discretionary authority to evaluate CME on a case by case basis and is sole and final judge of whether and to what extent the CME satisfies the requirements of the clinical practice pathway. I agree that the AOCAM and the AOA shall be the sole judge of my credentials and qualifications for admission to the examination and for certification.

I hereby declare under penalty of perjury that the information given in this attestation is true and correct to the best of my knowledge and belief.

Name (print): _____

Signature: _____ Date (mm/dd/yyyy): _____