

# 2008 CERTIFICATION EXAMINATION APPLICATION

*Examination Date:* December 6, 2008

*Application Deadline Dates*

*Early Deadline:*

Sunday, November 1, 2007 - Monday, December 17, 2007

*Standard Deadline:*

Tuesday, December 18, 2007 - Friday, February 29, 2008

*Late Deadline:*

Saturday, March 1, 2008 - Saturday, May 31, 2008



# Message from the ASAM President and the ASAM Certification Council Chairperson

November, 2007

Enclosed is the application for ASAM's Certification Examination to be given on December 6, 2008. The ASAM Certification Examination is administered at approximately 300 nationally-distributed Prometric test centers and approximately 100 Internationally-distributed Prometric test centers. The availability of these 300 test centers should enable you to take the ASAM Certification and Recertification Examination in a location close to your home or practice. The 2008 examination is being developed by the Examination Committee and the National Board of Medical Examiners (NBME). It will be the thirteenth examination given in ASAM's certification project; to date over 4,000 physicians from all specialties have been certified, and current members are identified in the ASAM Membership Directory with the year in which they passed the exam. In addition, all ASAM certified physicians are identified in the ASAM Certification Directory with the year in which they passed the exam. Below are some common questions and answers regarding the certification examination..

**Why do I need ASAM certification?** The widely recognized **National Committee on Quality Assurance (NCQA)** 2007 Standards for Accreditation of Managed Behavioral Healthcare Organizations (MBHOs) require MBHOs accredited by NCQA to have policies and procedures for credentialing "psychiatrists and/or physicians who are certified in addiction medicine." NCQA recognition of addiction certified physicians gives added value to the ASAM certificate by making ASAM-certified physicians eligible to be credentialed by NCQA-accredited MBHOs.

**What does ASAM certification mean?** An ASAM-certified physician is one who has shown mastery of the knowledge expected of a physician practicing in the field of alcoholism and other drug dependencies. Certification is an evolutionary process, and periodic demonstration of the mastery of current knowledge is a critical element.

**What are the requirements for certification?** Requirements for sitting for the 2008 examination are outlined in this application booklet. ASAM's 2008 certification examination is available to members and nonmembers of the Society.

**When is recertification required?** Recertification must be completed no later than ten years after initial certification.

**Are there courses to assist in the preparation for the examination?** As one way to assist in the preparation for certification and recertification, ASAM will offer at least one Review Course in the fall of 2008. In addition, there will be a number of workshops scheduled in 2007 and 2008. See the Calendar of Events in section II of this publication.

**Does ASAM offer publications to help prepare for the exam?** While ASAM does not offer a required reading list, we offer several publications which may prove to be useful to the candidate. Please see the list of publications on the inside back cover.

**What are ASAM's goals, and how do these goals relate to the certification examination?** ASAM's goals include improving the care of alcohol and drug dependent patients, advancing medical education in the field of chemical dependence, and maintaining the subject of alcoholism and other drug dependencies in the mainstream of medicine. ASAM is a national/international medical society whose members operate in all areas of medicine. The certification process is a vital step toward achieving these goals.

Sincerely Yours,



Michael M. Miller, M.D., FASAM  
President, 2007 - 2009

Sincerely Yours,



Chapman Sledge, M.D., FASAM  
Chair, Certification Council

# I. Instructions and Policies

## A. APPLICATION INSTRUCTIONS

Physicians who wish to apply for certification or recertification must complete, sign, and file with the ASAM office the corresponding certification or recertification application, together with the supporting data required by the application. Incomplete applications cannot be accepted for review by the Application and Eligibility Committee and will be returned to the candidate. Copies of the application can also be printed from the ASAM web site ([www.asam.org](http://www.asam.org)).

## B. DEADLINES & FEES

Applications will be accepted on the following filing schedule:

Early Deadline: Sunday, November 1, 2007 - Monday, December 17, 2007

Early Fees: \$1,250 for members, \$1,550 for nonmembers

Standard Deadline: Tuesday, December 18, 2007 - Friday, February 29, 2008

Standard Fees: \$1,350 for members, \$1,650 for nonmembers

Late Deadline: Saturday, March 1, 2008 - Saturday, May 31, 2008

Late Fees: \$1,650 for members, \$1,950 for nonmembers

A completed application form and completed letters of reference **must be postmarked** with a U.S. Postal Service cancellation stamp on or before Monday, December 17, 2007 to qualify for the Early Deadline, on or before Friday, February 29, 2008 to qualify for the Standard Deadline, and on or before Saturday, May 31, 2008 to qualify for the Late Deadline. A commercial postage meter mark **will not** be accepted in place of the cancellation stamp. Applications for which all parts are not postmarked by Saturday, May 31, 2008 **will not be accepted for consideration and will be returned to the candidate unprocessed**. Payment and application must be submitted together.

## C. REFUND AND WITHDRAWAL POLICY

No refunds will be issued once an application has been received by ASAM. However, if an emergency withdrawal from the examination is approved by the Application and Eligibility Committee then ASAM will carry forward the examination fee one time to the next scheduled examination. These emergency cases will be handled individually and will require the applicant to provide supporting evidence and documentation for review by the Committee. There will be a \$100 fee to process an emergency withdrawal request. Requests must include a description of the circumstances which require an emergency withdrawal and payment of the additional fee should accompany this request. Requests must be submitted no later than November 7, 2008. The applicant will be notified if the request is approved. All applicants whose emergency withdrawal has been approved will be required to submit a new application when applying for the next scheduled examination and must fulfill all requirements stipulated by the Society for that examination year.

## D. REVIEW PROCESS AND SCHEDULE

ASAM's Application and Eligibility Committee will review all applications which are completed by the deadline set by the Committee. All applicants will be notified of acceptance/nonacceptance no later than August 30, 2008.

## E. APPEALS

Applicants not accepted to sit for the certification/recertification examination may request additional review by a Review Committee of the ASAM Board of Directors. Any such request must be received by the ASAM Office within three weeks of the date of the applicant's nonacceptance letter. The request must be made on the basis of information to be presented by the applicant in a personal interview. In the event that travel is required, any expense incurred by the applicant in traveling to the interview will be borne by the applicant.

## F. EXAMINATION

The examination is given on one day, one part in the morning and one part in the afternoon. The seven hour examination consists of 350-400 multiple choice questions and covers alcohol and all other drugs of dependence, with questions equally divided between clinical issues and basic science. The ASAM Certification Examination is administered at approximately 300 nationally-distributed Prometric test centers and approximately 100 Internationally-distributed Prometric test centers. The availability of those test centers should enable you to take the ASAM Certification and Recertification Examination in a location close to your home or practice. The examination will be given on Saturday, December 6, 2008.

## G. CANDIDATES REQUIRING SPECIAL ASSISTANCE

ASAM will make every effort to accommodate candidates who have documented disabilities by providing modifications in the testing procedure which are appropriate for such disabilities without compromising the integrity of the examination process. The candidate must notify ASAM of the need for such accommodation in writing no later than September 14, 2008.

## H. ALTERNATIVE DATE

For those who cannot sit on Saturday, December 6, 2008, an alternative examination date is available. The alternative date is Monday, December 8, 2008. Requests to take the exam on the alternative date should be directed in writing to the ASAM Credentialing Director. Requests must include a description of the circumstances which require an alternative date. The applicant will be notified if the request is approved. Requests must be submitted no later than September 14, 2008.

## I. EXAMINATION RESULTS

Scores and individual performance data will be reported to each examinee by March 7, 2009. The same policy will be followed for both certification and recertification candidates.

## J. REEXAMINATION

For those who complete this process and pass the 2008 examination and subsequent examinations, certification is time limited and will expire ten years after the date of initial certification. After obtaining initial certification, physicians with the time limited certificate will be listed in the membership directory as *ASAM certified, 2008*, through the tenth year after the certificate has been earned, provided that the physician maintains current ASAM membership. After ten years have passed, physicians not obtaining a recertification certificate will forfeit ASAM-certified status.

In the event of a failing grade, there is no limit to the number of times a physician can retake the certification/recertification examination. Physicians who reapply must submit a new application, pay all applicable fees, and fulfill all requirements stipulated by the Society for the year of the examination being applied for.

## K. RELEASE OF INFORMATION ON CERTIFICATION AND RECERTIFICATION STATUS

Certified members are identified in the ASAM Membership Directory with the year in which they passed the exam. The Directory will also show the date of recertification. Upon request, the ASAM office will confirm whether a physician is certified or not either verbally or in writing. Anyone can request information from the ASAM office about the certified status of any physician. An authorization for release of this information is a part of the examination application form.

## L. REVOCATION OF CERTIFICATE

A certificate may be revoked if there has been substantive misrepresentation on the part of the applicant during the credentialing process. Before a certificate is revoked, the physician will be informed of the basis of such action and will be afforded a hearing.

## M. CHANGES IN POLICIES AND PROCEDURES

The Society reserves the right to change its fees, policies, and procedures at any time, and cannot assume responsibility for giving advance notice thereof. The provisions of this publication are not to be construed as a contract between any candidate and the American Society of Addiction Medicine.

## N. FOR FURTHER INFORMATION

Inquiries should be addressed to the Credentialing Department; (301) 656-3920.

# II. ASAM Calendar Of Events

## 2007-2008 ASAM CONFERENCE SCHEDULE

### 2007

**November 30 – December 2**     **Comprehensive Medical Review Officer Training Course**  
18 Credit Hours in AMA PRA Category 1  
*Chicago, IL*

### 2008

<b>April 10</b>	<b>The Ruth Fox Course for Physicians</b> 8 Credit Hours in AMA PRA Category 1 <i>Toronto, Ontario, Canada</i>	<b>October 26-28</b>	<b>Review Course in Addiction Medicine</b> 21 Credit Hours in AMA PRA Category 1 <i>Chicago, IL</i>
<b>April 10</b>	<b>Pain &amp; Addiction: Common Threads IX</b> 8 Credit Hours in AMA PRA Category 1 <i>Toronto, Ontario, Canada</i>	<b>December 6</b>	<b>2008 ASAM Certification and Recertification Examination in Addiction Medicine</b> 5 Credit Hours in AMA PRA Category 1 Computer Examination at over 300 National and 100 International Prometric Testing Centers
<b>April 10-13</b>	<b>39th Annual Medical Scientific Conference</b> Up to 22.5 Credit Hours in AMA PRA Category 1 <i>Toronto, Ontario, Canada</i>		

### III. Criteria To Apply

An applicant must meet each of the following six criteria in order to qualify to take the certification examination. Applications will be reviewed to determine if the applicant qualifies for the examination. Submission of an application does not guarantee an applicant acceptance to take the examination.

**1.** Graduation from a medical school in the United States or Canada approved by the Liaison Committee on Medical Education (LCME), or the Committee on Accreditation of Canadian Medical Schools (CACMS), or from a school of osteopathic medicine approved by the American Osteopathic Association (AOA). If the applicant is a graduate of a medical school outside the United States or Canada, s/he must have a currently valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), or have passed the Medical Council of Canada Evaluating Examination (MCCEE).

**2.** A valid license to practice medicine in the state, territory, commonwealth, or possession of the United States, or in a Province of Canada in which s/he practices: valid at the time of the application and at the time of the examination. A valid medical license is a certificate to practice medicine which is issued by the appropriate agency and which certifies that a physician is allowed to practice medicine within that country, province or state. ASAM considers a medical license to be valid even if there have been stipulations/conditions placed on the license. ASAM does not consider a license to be valid if it has been suspended, revoked or surrendered.

**3.** Good standing in his/her medical community, as evidenced by at least three (3) letters of recommendation. Letters of recommendation must come from *physicians* who have known the applicant for at least two (2) years and are acquainted with the applicant's current professional status, medical practice, and involvement in the field of addiction medicine.

If the applicant has relocated within two years prior to the submission of his/her application, the applicant must have at least six (6) letters of recommendation submitted on his/her behalf. The first three (3) recommendation letters must be from physicians who knew the applicant in his/her former medical community. The second (3) recommendation letters must be from physicians who know the applicant in his/her *current* medical community.

**4.** This requirement must be completed by June 30, 2008. Certification by a Member Board of the American Board of Medical Specialties (ABMS) or certification by the American Osteopathic Association (AOA), or successful completion of a residency training program in any medical specialty.\*

Residency programs must be accredited by one of the following:

**In the United States:**

- the Accreditation Council for Graduate Medical Education (ACGME);
- the Postdoctoral training committee of the American Osteopathic Association (AOA);

**In Canada:**

- Professional Corporation of Physicians of Quebec;
- College of Family Physicians of Canada;
- Royal College of Physicians and Surgeons of Canada.
- Residency programs accepted by any Member Board of the American Board of Medical Specialties as qualifying to sit for that Member Board's certification examination will be accepted as qualifying to sit for the ASAM Certification Examination.

**Outside United States/Canada:**

- United Kingdom's Member of the Royal College of Physicians (MRCPUK);
- Australia and New Zealand's Fellow of the Royal Australasian College of Physicians (FRAACP);
- South Africa's Member of the Royal College of Physicians (MRCPSA);
- Ireland's Member of the Royal College of Physicians (MRCPI)
- Residency programs accepted by any Member Board of the American Board of Medical Specialties as qualifying to sit for that Member Board's certification examination will be accepted as qualifying to sit for the ASAM Certification Examination.

**5.** This requirement must be completed by June 30, 2008. One year's full time involvement or one full time equivalent (one FTE) in the field of alcoholism and other drug dependencies, in addition to and not concurrent with residency training. Involvement may come under the headings of clinical care of patients, education, research, and administration. At least 50% of such time of involvement must have been spent in the treatment of patients for alcoholism and other drug dependencies. Time spent providing general medical care to patients with substance use problems can be used to meet the requirement, if additionally, the specific issues of their substance use, ongoing recovery, and relapse prevention are also being actively addressed. The requirement for one year involvement is met only by time specifically treating patients for alcoholism and other drug dependencies.

**6.** 50 hours of Category I Continuing Medical Education (CME) toward the AMA Physician Recognition Award. Credits must have pertained to the diagnosis and treatment of persons with alcoholism and other drug dependencies and must have been accrued between October 1, 2006 and December 6, 2008. (Canadian or osteopathic equivalent accepted.)

## IV. Computer-based Examination Procedures and Policies

### I. YOUR SCHEDULING PERMIT

Once your application has been reviewed and you have been accepted to sit for the exam, you will receive an orange Scheduling Permit with instructions and the phone number for making an appointment at a Prometric, Inc.<sup>®</sup> test center. The Orange Scheduling Permit will be mailed to you no later than August 30, 2008. You must bring your Scheduling Permit and an unexpired, government-issued form of identification (such as a driver's license or passport) that includes both your photograph and signature to the testing center on your examination day. If your identification contains your photograph and not your signature, you can use another form of unexpired identification that contains your signature, such as an employee identification card or a credit card, to supplement your photo-bearing, government-issued identification. The first and last names on your identification must exactly match the names on your permit. The only acceptable difference would be the presence of a middle name, middle initial or suffix on one document and its absence on the other. Please contact the American Society of Addiction Medicine's Certification Department immediately at 301-656-3920 if the name on your permit is misspelled or differs from your name as it appears on your identification. Name changes or corrections cannot be made within 7 business days of your scheduled testing appointment.

### II. SCHEDULING YOUR TEST DATE

You must have your Scheduling Permit before you contact Prometric to schedule a testing appointment. You should contact Prometric as soon as you receive the permit. Prometric schedules testing appointments on a first-come, first-served basis. The sooner you schedule your appointment, the more likely you will receive your preferred test time and location.

When you call to schedule your examination appointment you will be asked to provide the program code, exam code and scheduling number which will be located in the box at the top of the permit. Prometric will provide you with the test center location and telephone number. Please call the test center for directions.

Confirm your testing center location one week before your appointment via Prometric's website or by contacting Prometric at the telephone number listed on your permit.

#### Test Centers and Testing Conditions

Prometric provides computer-based testing services for academic assessment, professional licensure, and certification. Prometric testing centers are set up similarly. This not only helps enhance security, but also provides the same standards for comfort and uniformity for all examinees. Prometric testing centers provide the resources necessary for secure administration of the examination, including video and audio monitoring and recording, and use of digital cameras to record the identity of examinees.

#### Admission to the Test

You should arrive at the Prometric test center 30 minutes before your scheduled testing time on your testing date. If you arrive late, you may not be admitted. If you arrive more than 30 minutes after your scheduled testing time, you will not be admitted.

On arrival, you are required to sign in on the test center log and to present your Scheduling Permit plus one form of unexpired, government-issued identification (such as a driver's license or passport) that includes **both** your photograph and signature, after which, a digital photograph will be taken. All of your personal belongings, food and beverages must be placed in a small, designated locker outside the testing room. Pagers and cellular telephones must be turned off before placing them in the locker.

#### Testing Regulations and Rules of Conduct

Test center staff monitors all testing sessions for the examination. You must follow instructions of test center staff throughout the examination. Failure to do so may result in a determination of irregular behavior.

Test center staff are not authorized to answer questions from candidates regarding examination content, testing software, or scoring.

If staff observes you violating test administration rules or engaging in other forms of irregular behavior during the examination, the center staff will not necessarily tell you of the observation at the time of the examination. You may not bring any personal belongings into the testing area.

#### Completing the Test

After you start taking an examination, the examination cannot be canceled or rescheduled unless a technical problem requires rescheduling. If a computer problem occurs during the test, you should notify test center staff immediately. In the rare event of a technical problem, testing software is designed to allow the test to restart at the point it was interrupted. In most cases, the test can be restarted at the point of interruption with no loss of testing time. However, it is possible that a technical problem may occur that requires the test to be rescheduled. In that event, you will be allowed to test at a later date at no additional cost.

#### Preparing for the Test

In 2008, a brief tutorial on using a computer based program for testing will be available on the ASAM's website at [www.asam.org](http://www.asam.org). An optional 10 minute tutorial will also be provided on the day of the examination.

# V. 2008 Certification Application

PLEASE TYPE OR PRINT ENTIRE FORM CLEARLY.

Additional Copies of the application can also be printed from the ASAM web site (www.asam.org).

## A. GENERAL INFORMATION

Name of Applicant \_\_\_\_\_  
Last Name First Middle

Degrees (M.D. or D.O.) \_\_\_\_\_

ASAM identification number: \_\_\_\_\_

Date of Birth \_\_\_\_-\_\_\_\_-\_\_\_\_

Address (to be used for ALL mailings related to certification)

Position/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Primary Specialty Code \_\_\_\_\_ Certified?  Yes  No Second Specialty Code \_\_\_\_\_ Certified?  Yes  No  
(Note: Specialty code would be IM for Internal Medicine, P for Psychiatry, etc.)

### Member Status (Check one)

- I am an ASAM member in good standing.
- I am joining for the first time now (complete enclosed membership application).
- I am reactivating my ASAM membership now (complete enclosed membership application).
- I am not an ASAM member. I choose not to activate (or reactivate) my membership now.

Have you taken the ASAM examination before?  Yes  No

**Current License To Practice** (Attach photocopy of current registration):

If your current license will expire prior to December 6, 2008, you will be expected to submit your new license as soon as you receive it.

State(s) \_\_\_\_\_ Expiration Date \_\_\_\_\_ License Number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### If The Answer To Any Of The Three Questions Below Is "YES," Include An Explanation On A Separate Sheet.

Please note: This data is confidential and is requested for informational purposes only. As an organization dedicated to the treatment of alcoholism and other addictions, ASAM does not use such data in a punitive manner.

1. Are there now any restrictions on your license to practice medicine or in your hospital medical staff privileges?  
YES \_\_\_\_\_ NO \_\_\_\_\_
2. Have there ever been any disciplinary actions **against you** in the past?  
YES \_\_\_\_\_ NO \_\_\_\_\_
3. Are you now or have you ever been restricted from prescribing any controlled substances?  
YES \_\_\_\_\_ NO \_\_\_\_\_

**B. MEDICAL EDUCATION**

The applicant must complete all of this section. Reference to an attached CV is not sufficient. All items must be printed clearly or typed. This page may be photocopied if additional space is needed to report medical education.

SCHOOL OF MEDICINE OR OSTEOPATHIC MEDICINE	LOCATION	YEARS ATTENDED FROM ___ TO ___	DEGREE ATTAINED

Attach a photocopy of the diploma from School of Medicine or Osteopathic Medicine.

**C. POSTGRADUATE TRAINING**

List the most recent training first. Do not list appointments that are less than half time.

NAME & LOCATION OF INSTITUTION	APPLICANT'S OFFICIAL TITLE OR POSITION	DATES FROM ___ TO ___	TOTAL TIME OF TRAINING	COMPLETED (YES/NO)

Attach a photocopy of the certificate of completion of residency training.

**Specialty in which residency** training program was completed:

Name, address, and phone number of institution certifying completion of the approved residency training program:

Name of the director of the residency training program:

**D. DIPLOMATE INFORMATION**

Attach a photocopy of the certificate. Certified in \_\_\_\_\_ (Year) \_\_\_\_\_ (Number)

by American Board of \_\_\_\_\_

Recertified in \_\_\_\_\_ (most recent year)

(If you have obtained a second Board certification, please attach a copy of the certificate. This information is not **required** but may be helpful to the Application and Eligibility Committee.)

**E. CURRENT FACULTY APPOINTMENT(S)**

The applicant must complete all of this section. Reference to an attached CV is not sufficient. All items must be typewritten or printed clearly. This page may be photocopied if additional space is needed to report faculty appointments.

NAME AND ADDRESS OF MEDICAL SCHOOL (Include city and state)	APPOINTMENT (Title and Department)	DATE APPOINTED

**F. CURRENT MEDICAL STAFF APPOINTMENT(S)**

The applicant must complete all of this section. Reference to an attached CV is not sufficient. All items must be typewritten or printed clearly. This page may be photocopied if additional space is needed.

NAME OF HOSPITAL	ADDRESS OF HOSPITAL	DATE APPOINTED	STAFF CATEGORY (Active, consulting, etc.)

**G. FULL TIME INVOLVEMENT (FTE) – SECTION ONE: INVOLVEMENT SUMMARY**

*Each applicant must completely document his/her one year full time involvement (1 FTE) in section one and section two. Please complete both sections thoroughly. Reference to an attached CV is not sufficient. All items must be typewritten or printed clearly. Sections one and two may be photocopied if additional space is needed to report involvement.*

The applicant must describe below his/her involvement in the field of alcoholism and other drug dependencies. This involvement must be in addition to, and not concurrent with, residency training. Involvement may include education, research or administration; however, at least 50% of the time of involvement must have been spent in the treatment of patients for **alcoholism and** other drug dependencies. Time spent providing general medical care to patients with substance use problems can be used to meet the requirement, if additionally, the specific issues of their substance use, ongoing recovery, and relapse prevention are also being actively addressed. The requirement for one year involvement is met only by time spent specifically treating patients for alcoholism and other drug dependencies. The applicant must **demonstrate with specificity** that his/her activities and time fulfill the requirement for one year full time equivalent (one FTE). One FTE could be accomplished in a variety of ways; for instance, (a) one continuous year full time; (b) two years half time; (c) other varied periods of involvement over time. The Application and Eligibility Committee will consider full time to be 40 hours per week, 48 weeks per year, or 1920 hours.

\*This requirement must be fulfilled by June 30, 2008.

If the applicant does not have the minimum hours at the time of application, the applicant **MUST** project his/her time of involvement up until June 30, 2008, and submit these pages with the rest of the application.

DESCRIBE YOUR ACTIVITIES	LOCATION(S)	INCLUSIVE DATES	HOURS PER WEEK	NUMBER OF WEEKS	CALCULATED TIME (hours per week X number of weeks)

**Total Time of Involvement** \_\_\_\_\_





**J. SURVEY**

Return the survey with your application. It will be used to develop a profile of physicians who apply to take the certification examination and will not be used to determine eligibility of individual applicants.

**PLEASE INSERT A NUMBER IN EACH SET OF PARENTHESES AT THE RIGHT.**

**Select one of the following to indicate the principal specialty in which you practice:** ( \_\_\_\_ )

- |   |                           |  |
|---|---------------------------|--|
| (1) General and Family Practice         | (6) Obstetrics/Gynecology | (11) Pathology                           |
| (2) Internal Medicine                   | (7) Anesthesiology        | (12) Physical or Rehabilitative Medicine |
| (3) Internal Medicine Subspecialty      | (8) Psychiatry            | (13) Emergency Medicine                  |
| (4) Pediatrics                          | (9) Neurology             | (14) Addiction Medicine                  |
| (5) General Surgery, Surgical Specialty | (10) Radiology            | (15) Preventive/Occupational Medicine    |

**If you have been certified by one of the Medical Specialty Boards listed above, please write in the number corresponding to that specialty. If you are certified by a different Board, please write in (16). If you are not certified by a Specialty Board, write in (17).** ( \_\_\_\_ )

**Which one of the following choices best reflects the type of practice in which you are engaged?** ( \_\_\_\_ )

- |  |                    |
|--|--------------------|
| (1) Office-based practice                    | (4) Administration |
| (2) Hospital-based, fulltime staff physician | (5) Research       |
| (3) Medical teaching                         | (6) Other          |

**About how many hours per week do you spend in direct patient care?** ( \_\_\_\_ )

**Choose one of the following to indicate the principal source of your medical income:** ( \_\_\_\_ )

- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
| (1) Direct patient fees or insurance reimbursement | (4) Other public hospital or clinic | (8) Public, non-clinical |
| (2) The Veterans Administration                    | (5) Voluntary hospital              | (9) Other                |
| (3) The Uniformed Services                         | (6) Proprietary hospital            | (10) Retired             |
|  | (7) Medical school or university    | (11) No medical income   |

**At which of the following did you receive your medical education?** ( \_\_\_\_ )

- |                             |                                  |
|-----------------------------|----------------------------------|
| (1) American medical school | (3) Other foreign medical school |
| (2) Canadian medical school | (4) School of Osteopathy         |

**Do you currently hold a medical or osteopathy school faculty appointment?** ( \_\_\_\_ )

- |                    |                    |        |
|--------------------|--------------------|--------|
| (1) Yes, full-time | (2) Yes, part-time | (3) No |
|--------------------|--------------------|--------|

**Which of the following faculty appointments do you have?** ( \_\_\_\_ )

- |                         |                         |                                |
|-------------------------|-------------------------|--------------------------------|
| (1) None                | (4) Associate Professor | (7) Fellow                     |
| (2) Instructor          | (5) Professor           | (8) Other appointment or title |
| (3) Assistant Professor | (6) Lecturer, Associate |                                |

**Please write in the total number of medical papers, chapters and books you have published in the last five years (primary or secondary author).** ( \_\_\_\_ )

**Are you engaged in any of the following professional activities at present?**

Check the first space for yes (at least part-time) or the second space for not at all.

- |   | YES | NO  |
|---|-----|-----|
| • Administering an alcoholism treatment program.    | ( ) | ( ) |
| • Clinical work in an alcoholism treatment program. | ( ) | ( ) |
| • Teaching medical students.                        | ( ) | ( ) |
| • Training or work with alcoholism counselors. ( )  | ( ) | ( ) |
| • Work in addiction to drugs other than alcohol.    | ( ) | ( ) |
| • Private practice with alcoholic patients.         | ( ) | ( ) |
| • Research related to alcoholism.                   | ( ) | ( ) |
| • Private practice with drug abusing patients.      | ( ) | ( ) |
| • Research related to drug abuse.                   | ( ) | ( ) |

**K. DIRECTIONS FOR LETTERS OF REFERENCE**

Below are the steps for completing the letter of reference section of your application.

1. Complete the section marked "Applicant completes this section" on each reference letter page (A, B and C) making sure to select the letter submission deadline. This is the deadline by which you plan to submit your application, and is therefore the same deadline by which the reference letters are due in the ASAM office.

2. List the names of the physicians submitting references below. Please note that Reference Letter "A" MUST be from a physician who is a chief of staff, director of a clinical service, official of a state or local medical society, or an official of a medical specialty organization:

A. \_\_\_\_\_  
(Chief of staff, director, or society official)

B. \_\_\_\_\_

C. \_\_\_\_\_

Letters from references in your former practice (**only if you have relocated within the last two years**):

A. \_\_\_\_\_  
(Chief of staff, director, or society official)

B. \_\_\_\_\_

C. \_\_\_\_\_

3. It is recommended that the applicant emphasize to each physician providing a reference the necessity for submission of their reference letter to ASAM by the deadline specified on the reference letter form. Applications for which all required reference letters are not submitted on time will be charged the next higher fee.

4. Send reference letters to physicians providing references.

NOTE: It is the candidate's responsibility to contact their references to ensure that letters have been postmarked by the appropriate deadline. The ASAM office will not track down reference letters on behalf of the candidate and will not send verification of individual reference letters arriving in the ASAM office. The only verification sent will be the postcard to indicate that an application has been received from the candidate.

**All letters of reference must be submitted to ASAM directly from the physician providing the reference or they will not be accepted.**

# Reference Letter A

APPLICANT \_\_\_\_\_ ▲

## Applicant completes this section:

MARK the deadline below by which this document is due to be returned to ASAM. **Reference letters must be submitted by the same deadline as the application or you will be charged the higher fee. (ie, if an applicant is postmarking an application by the early deadline, all letters must also be postmarked by the early deadline).**

1. **LETTER SUBMISSION DEADLINE Postmark by:**     December 17, 2007     February 29, 2008     May 31, 2008

2. **Name of Applicant** \_\_\_\_\_

3. Name of the Physician Providing the Reference: \_\_\_\_\_

4. Title and Institution or Organization: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

6. Telephone: (        ) \_\_\_\_\_

7. Home Telephone: (        ) \_\_\_\_\_

## Physician providing the reference to complete this section:

**Please note the submission deadline indicated at the top of this page!** The above-referenced individual has applied to the American Society of Addiction Medicine (ASAM) to take the certification examination in the field of alcoholism and other drug dependencies and has named you as a reference.

The Society has been informed that you:

- (a) are the chief of staff or director of a clinical service with which the applicant is presently affiliated or an official of his/her state or local medical society or medical specialty organization, **and**
- (b) have known the applicant for at least two years.

### It is in this capacity that we ask you to complete the following three steps:

1. **Write a reference letter:** In a separate letter on your letterhead, please provide us with a summary of your acquaintance with the applicant to help us judge his/her qualifications for certification in this field. All of the following must be included in your letter: 1) a statement about whether or not the applicant is in good standing in your medical community, 2) an indication of how long you have known the applicant, and 3) a description of your official relationship to him/her.

### 2. Please check the appropriate items below, sign this form and return it with your letter:

A. I am writing the letter requested above in my capacity as:

- Chief of staff of a hospital or clinic
- Director of a clinical service
- Official of a state or local medical society
- Official of a medical specialty organization

B. I have known the applicant for \_\_\_\_\_ years. **(REQUIRED)**

C. Within the applicant's medical community, s/he is:

- in good standing
- not in good standing
- I am unable to respond to this question because of the reason explained in my attached letter.

3. Signature \_\_\_\_\_ Date \_\_\_\_\_

We appreciate your thoughtful assessment of this applicant's qualifications for certification in addiction medicine.

**PLEASE RETURN THIS FORM WITH YOUR LETTER, POSTMARKED BY THE LETTER SUBMISSION DEADLINE DATE CHECKED ABOVE TO THE ADDRESS BELOW.**

Mail directly to the Certification Department, American Society of Addiction Medicine, 4601 North Park Avenue, Upper Arcade #101, Chevy Chase, MD 20815-4520



# Reference Letter B

APPLICANT \_\_\_\_\_

## Applicant completes this section:

MARK the deadline below by which this document is due to be returned to ASAM. **Reference letters must be submitted by the same deadline as the application or you will be charged the higher fee. (ie, if an applicant is postmarking an application by the early deadline, all letters must also be postmarked by the early deadline).**

1. **LETTER SUBMISSION DEADLINE Postmark by:**     December 17, 2007     February 29, 2008     May 31, 2008

2. Name of Applicant \_\_\_\_\_

3. Name of the Physician Providing the Reference: \_\_\_\_\_

4. Title and Institution or Organization: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

6. Telephone: (       ) \_\_\_\_\_

7. Home Telephone: (       ) \_\_\_\_\_

## Physician providing the reference to complete this section:

**Please note the submission deadline indicated at the top of this page!** The above-referenced individual has applied to the American Society of Addiction Medicine (ASAM) to take the certification examination in the field of alcoholism and other drug dependencies and has named you as a reference.

The Society has been informed that you:

- (a) are a practicing physician in good standing, **and**
- (b) have known the applicant for at least two years and are acquainted with the specifics of the applicant's work in the field of addiction medicine.

**It is in this capacity that we ask you to complete the following three steps.**

1. **Write a reference letter** in a separate letter on your letterhead, please provide us with a summary of your acquaintance with the applicant to help us judge his/her qualifications for certification in this field. Please indicate in your letter the extent of your knowledge of the applicant's work in the field of alcoholism and other drug dependencies and specify your relationship to the applicant.
2. Please check the appropriate items below, sign this form and return it with your letter:
  - A. I have known the applicant for \_\_\_\_\_ years. **(REQUIRED)**
  - B. I know the applicant to have been involved in the field of alcoholism and other drug **dependencies** for \_\_\_\_\_ years.

3. Signature \_\_\_\_\_ Date \_\_\_\_\_

We appreciate your thoughtful assessment of this applicant's qualifications for certification in addiction medicine.

**PLEASE RETURN THIS FORM WITH YOUR LETTER, POSTMARKED BY THE LETTER SUBMISSION DEADLINE DATE CHECKED ABOVE TO THE ADDRESS BELOW.**

Mail directly to the Certification Department, American Society of Addiction Medicine, 4601 North Park Avenue, Upper Arcade #101, Chevy Chase, MD 20815-4520



# Reference Letter C

APPLICANT \_\_\_\_\_ ▲

## Applicant completes this section:

MARK the deadline below by which this document is due to be returned to ASAM. **Reference letters must be submitted by the same deadline as the application or you will be charged the higher fee. (ie, if an applicant is postmarking an application by the early deadline, all letters must also be postmarked by the early deadline).**

1. **LETTER SUBMISSION DEADLINE Postmark by:**     December 17, 2007     February 29, 2008     May 31, 2008

2. Name of Applicant \_\_\_\_\_

3. Name of the Physician Providing the Reference: \_\_\_\_\_

4. Title and Institution or Organization: \_\_\_\_\_  
\_\_\_\_\_

5. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

6. Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

## Physician providing the reference to complete this section:

**Please note the submission deadline indicated at the top of this page!** The above-referenced individual has applied to the American Society of Addiction Medicine (ASAM) to take the certification examination in the field of alcoholism and other drug dependencies and has named you as a reference.

The Society has been informed that you:

- (a) are a practicing physician in good standing, **and**
- (b) have known the applicant for at least two years and are acquainted with the specifics of the applicant's work in the field of addiction medicine.

**It is in this capacity that we ask you to complete the following three steps.**

1. **Write a reference letter** in a separate letter on your letterhead, please provide us with a summary of your acquaintance with the applicant to help us judge his/her qualifications for certification in this field. Please indicate in your letter the extent of your knowledge of the applicant's work in the field of alcoholism and other drug dependencies and specify your relationship to the applicant.
2. Please check the appropriate items below, sign this form and return it with your letter:
  - A. I have known the applicant for \_\_\_\_\_ years. **(REQUIRED)**
  - B. I know the applicant to have been involved in the field of alcoholism and other drug **dependencies** for \_\_\_\_\_ years.

3. Signature \_\_\_\_\_ Date \_\_\_\_\_

We appreciate your thoughtful assessment of this applicant's qualifications for certification in addiction medicine.

**PLEASE RETURN THIS FORM WITH YOUR LETTER, POSTMARKED BY THE LETTER SUBMISSION DEADLINE DATE CHECKED ABOVE TO THE ADDRESS BELOW.**

Mail directly to the Certification Department, American Society of Addiction Medicine, 4601 North Park Avenue, Upper Arcade #101, Chevy Chase, MD 20815-4520



# Regular Checklist

APPLICANT \_\_\_\_\_

## L. MATERIAL TO BE SUBMITTED

An application will be considered complete only when all supporting paperwork required by the application has been submitted to ASAM. Incomplete applications will be returned to the applicant unprocessed. For an application to be eligible for the **early** or **standard** application fees, the complete application must be submitted by the **early** or **standard** registration deadline.

An application will be considered complete provided that all of the following materials have been submitted with the application or have been received by the ASAM office:

1. Application with all pages completed.
2. All required letters of reference, submitted to ASAM directly from the writer, by the same deadline as the application.
3. The completed checklist below.
4. Full payment of the examination fee.

## M. CHECKLIST

Please check off the items 1-7 below indicating completion of each, sign this page and retain a personal copy of the entire application. Applications will not be accepted if any part is incomplete. **PLEASE DO NOT STAPLE ANY MATERIALS TOGETHER!**  
**ALL MATERIALS SHOULD BE LOOSE OR PAPERCLIPPED ONLY.**

- 1. Enclosed one copy of the application with all pages completed, (including name at the top of each page).
- 2. Requested all required letters of reference, and I understand that they must be submitted to ASAM directly from the writer by the same deadline as the application in order for the application to be accepted for review.
- 3. Enclosed copy of currently valid license to practice medicine.
- 4. Enclosed copy of certificate attesting to completion of residency or completion of an approved specialty board, or documentation that this is in process and will be completed by the June 30, 2008 deadline.
- 5. Enclosed copy of proof of medical training.
- 6. Enclosed self-addressed, stamped postcard which will be returned to you as proof that we received your application. This will also serve as your proof of payment.
- 7. If including membership application, I have included a separate payment for dues.

## N. METHOD OF PAYMENT

- Check enclosed
- Charge my VISA / MC number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Card holder signature \_\_\_\_\_

## O. REVIEW PROCESS AND SCHEDULE

ASAM's Application and Eligibility Committee will review all applications which are complete by the deadline set by the Committee. All applicants will be notified by August 30, 2008.

## P. SIGNATURE

BY SIGNING BELOW, I AGREE TO THE FOLLOWING TWO PARAGRAPHS: THAT TO THE BEST OF MY KNOWLEDGE, ALL OF THE INFORMATION PROVIDED IS TRUE, AND ALL ITEMS IN THIS APPLICATION ARE COMPLETE. I UNDERSTAND THAT ASAM WILL NOT ACCEPT INCOMPLETE APPLICATIONS FOR REVIEW BY THE APPLICATION AND ELIGIBILITY COMMITTEE. I UNDERSTAND AND ACCEPT THAT, UPON REQUEST, THE ASAM OFFICE CONFIRMS WHETHER OR NOT A PHYSICIAN IS ASAM CERTIFIED. I ALSO UNDERSTAND AND ACCEPT THAT ANYONE CAN REQUEST INFORMATION FROM THE ASAM OFFICE ABOUT THE CERTIFIED STATUS OF ANY PHYSICIAN.

I HEREBY RELEASE, DISCHARGE AND EXONERATE THE ASAM BOARD, ITS DIRECTORS, OFFICERS, MEMBERS, EXAMINERS, REPRESENTATIVES AND AGENTS FROM ANY ACTIONS, SUITS, OBLIGATIONS, DAMAGES, CLAIMS OR DEMANDS ARISING OUT OF, OR IN CONNECTION WITH, THIS APPLICATION, THE GRADE OR GRADES GIVEN WITH RESPECT TO THE WRITTEN EXAMINATIONS OR THE FAILURE OF THE BOARD TO ISSUE TO ME SUCH CERTIFICATE. IT IS UNDERSTOOD THAT THE DECISION AS TO WHETHER MY EXAMINATION QUALIFIES ME FOR A CERTIFICATE VESTS SOLELY AND EXCLUSIVELY IN THE BOARD AND ITS DECISION IS FINAL.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SEND APPLICATION TO:**  
**ASAM Certification**

**4601 N. Park Avenue, Upper Arcade #101**

**Chevy Chase, MD 20815-4520**



# ASAM American Society of Addiction Medicine

## NEW MEMBERSHIP APPLICATION

Membership valid through Dec. 31, 2008

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

License # (Active members must submit required license certification): \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip + 4: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

### Other Memberships (Check all that apply)

AMA  AOA  State Medical Society  County Medical Society

### For identification purposes only

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender:  M  F

How did you hear about ASAM? \_\_\_\_\_

Did an ASAM member tell you about the Society?  YES  NO

If so, please provide the member's:

Name \_\_\_\_\_

Organization \_\_\_\_\_

Primary Specialty \_\_\_\_\_

Secondary Specialty \_\_\_\_\_

Length of Residency \_\_\_\_\_ Year Completed \_\_\_\_\_

Board Certified (Name) \_\_\_\_\_

### Check the appropriate box to request that your contact information be **EXCLUDED**

from 2008  Approved Mailing List Rentals  Members Only Directory

On-line Directory available to the public (Doctor Finder)

### Professional Interests: (please check up to two areas of interest):

- |  |  |
|--|--|
| <input type="checkbox"/> Addiction Medicine in the Criminal Justice System | <input type="checkbox"/> Nicotine Dependence   |
| <input type="checkbox"/> Child and Adolescent Addictions                   | <input type="checkbox"/> Pain and Addiction  |
| <input type="checkbox"/> Cross Cultural Clinical Concerns                  | <input type="checkbox"/> Pharmacological Issues ( <i>Opioid Agonist Therapies, Buprenorphine Training, Medications Development</i> ) |
| <input type="checkbox"/> Developing Residencies and Fellowships            | <input type="checkbox"/> Policy Development Guidelines   |
| <input type="checkbox"/> Family & Generational Issues                      | <input type="checkbox"/> Practice Guidelines   |
| <input type="checkbox"/> Forensic Medicine                                 | <input type="checkbox"/> Screening and Brief Intervention  |
| <input type="checkbox"/> Infectious Diseases                               | <input type="checkbox"/> Therapeutic Communities   |
| <input type="checkbox"/> Legislative Advocacy                              | <input type="checkbox"/> Treatment Criteria ( <i>Treatment Outcome &amp; Clinical Performance Measures</i> )                         |
| <input type="checkbox"/> Medical Review Officer                            |  |

### Check type of membership that applies to you and refer to chapter dues structure on reverse side for total membership dues.\*

- Regular \$300** *Licensed to practice allopathic or osteopathic medicine in the US.*
- Retired \$125** *Completely retired from the practice of medicine or osteopathy.*
- Med Student \$0** *Enrolled and in good standing in formally accredited allopathic or osteopathic medical schools. Students must submit a certifying letter from their school upon application for membership.*
- International \$225** *Reside or work outside the US or its territories; must maintain valid medical licenses in their country or province.*
- Resident \$35** *Interns, residents or fellows serving in an approved hospital or fellowship program. Must have a valid license in localities where required or an equivalent certifying document.*

• National and Chapter dues payments (where applicable) are required.

• Payment Method (U.S. Dollars Only)

• TAX Information: EIN#13-3177396

• Your ASAM dues may be deductible as a business expense.

\*See reverse side for state chapter dues structure.

**Contribution \$** \_\_\_\_\_ .00

Ruth Fox Endowment  Chapter Development

Addiction Medicine Specialty  Unrestricted

Advocacy (not tax deductible)

*Contributors of over \$100 will be acknowledged as "Supporters of Addiction Medicine"*

I give permission to list my name as a donor in an ASAM publication.

Yes  No

Check # \_\_\_\_\_  Money Order

Credit Card:  Visa  MasterCard

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**TOTAL PAYMENT ENCLOSED \$** \_\_\_\_\_

(Payment must accompany application form)

Check this box if you do NOT wish ASAM to automatically charge your credit card for future renewal dues.



American Society of Addiction Medicine

P.O. Box 80139 • Baltimore, Maryland • 21280-0139

Phone: 301-656-3920 • Fax: 301-656-3815 • www.asam.org • email@asam.org

All members of the national organization are required to join the chartered state chapter in their state of residence or work, and all members of a state chapter are required to join the national organization. The intent is a unified chapter/national membership.

## Chapter Membership Dues

	REGULAR	RETIRED	RESIDENT	STUDENT		REGULAR	RETIRED	RESIDENT	STUDENT
Alabama	\$50.00	\$0.00	\$0.00	\$0.00	Montana (Northwest Chapter)	\$25.00	\$0.00	\$0.00	\$0.00
Arizona	\$50.00	\$25.00	\$25.00	\$10.00	Nebraska (Midwest Chapter)	\$35.00	\$10.00	\$0.00	\$0.00
Arkansas	\$25.00	\$25.00	\$25.00	\$10.00	Nevada*	\$30.00	\$0.00	\$0.00	\$10.00
California	\$195.00	\$60.00	\$30.00	\$20.00	New Hampshire (Northeast Chapter)	\$0.00	\$0.00	\$0.00	\$0.00
Colorado	\$50.00	\$0.00	\$0.00	\$0.00	New Jersey	\$30.00	\$0.00	\$15.00	\$15.00
Connecticut	\$75.00	\$15.00	\$0.00	\$0.00	New York	\$85.00	\$45.00	\$25.00	\$20.00
District of Columbia	\$55.00	\$35.00	\$15.00	\$0.00	North Carolina	\$60.00	\$0.00	\$0.00	\$0.00
Florida	\$100.00	\$60.00	\$45.00	\$25.00	Ohio	\$25.00	\$5.00	\$25.00	\$5.00
Georgia	\$50.00	\$25.00	\$25.00	\$15.00	Oklahoma	\$50.00	\$0.00	\$0.00	\$0.00
Hawaii	\$50.00	\$0.00	\$0.00	\$0.00	Oregon	\$50.00	\$25.00	\$0.00	\$0.00
Idaho (Northwest Chapter)	\$25.00	\$0.00	\$0.00	\$0.00	Pennsylvania	\$35.00	\$0.00	\$25.00	\$5.00
Illinois	\$75.00	\$40.00	\$30.00	\$10.00	Rhode Island	\$50.00	\$0.00	\$0.00	\$0.00
Indiana	\$50.00	\$30.00	\$30.00	\$0.00	South Carolina	\$35.00	\$0.00	\$15.00	\$10.00
Iowa*	\$0.00	\$0.00	\$0.00	\$0.00	Tennessee	\$50.00	\$15.00	\$15.00	\$5.00
Kansas (Midwest Chapter)	\$35.00	\$10.00	\$0.00	\$0.00	Texas	\$30.00	\$30.00	\$30.00	\$10.00
Kentucky	\$25.00	\$15.00	\$10.00	\$0.00	Utah	\$25.00	\$0.00	\$0.00	\$0.00
Louisiana	\$25.00	\$15.00	\$15.00	\$0.00	Vermont	\$0.00	\$0.00	\$0.00	\$0.00
Maine	\$0.00	\$0.00	\$0.00	\$0.00	Virginia	\$60.00	\$30.00	\$25.00	\$25.00
Maryland	\$40.00	\$0.00	\$20.00	\$15.00	Washington	\$35.00	\$35.00	\$35.00	\$0.00
Massachusetts	\$50.00	\$0.00	\$0.00	\$0.00	West Virginia	\$35.00	\$0.00	\$10.00	\$0.00
Michigan	\$75.00	\$15.00	\$15.00	\$15.00	Wisconsin	\$30.00	\$0.00	\$0.00	\$0.00
Minnesota	\$0.00	\$0.00	\$0.00	\$0.00	Wyoming (Northwest Chapter)	\$25.00	\$0.00	\$0.00	\$0.00
Mississippi	\$25.00	\$25.00	\$20.00	\$15.00	Panama	\$50.00	\$0.00	\$0.00	\$0.00
Missouri (Midwest Chapter)	\$35.00	\$10.00	\$0.00	\$0.00	Mexico	\$50.00	\$0.00	\$0.00	\$0.00

\*Inactive Chapter

(Chapter rates are subject to change)

If you do not see your state listed, there is not yet an ASAM chapter in the area. Please contact the ASAM office for information regarding forming a chapter.

## Description of Contribution Categories

### UNRESTRICTED

Help advance ASAM's strategic goals

### ADDICTION MEDICINE SPECIALTY

**Addiction Medicine Specialty Recognition** The American Society of Addiction Medicine (ASAM) has determined that the time is right to pursue recognition of Addiction Medicine as a board-certified medical specialty, which is defined by the American Board of Medical Specialties (ABMS) as "an area of medical practice which connotes special knowledge and ability resulting from specialized effort and training." While achieving this goal will require a multi-year process that involves developing, funding and accrediting training programs that meet the requirements of the Accreditation Council on Graduate Medical Education (ACGME), ASAM has taken the first step by committing to the establishment of an independent American Board of Addiction Medicine (ABAM) by the end of 2007. A means to support this effort will be direct contributions from ASAM members.

### ADVOCACY (Not tax deductible)

**ASAM's Government Relations Department** advocates for state and federal policies that support addiction medicine, including policies related to treat-

ment access, reimbursement, and government funding. ASAM's advocacy activities include an annual Legislative Advocacy Day on Capitol Hill, ASAM-sponsored events for Congressional leaders and staff on Capitol Hill, cosponsoring similar events initiated by like-minded organizations, working within coalitions, signing onto letters of support for particular Congressional motions, bills, and/or acts, and soliciting ASAM member support for grassroots lobbying initiatives (including activities listed above).

### RUTH FOX ENDOWMENT

**Ruth Fox Endowment** The Endowment will enable the Society to carry forward activities aimed at achieving its mission: Specialty Board Certification, physician education, research, access to quality treatment for all who suffer from the diseases of addiction, and adequate medical insurance coverage for all.

### CHAPTER DEVELOPMENT

The purpose of **Chapter Development** is to establish a national network of State Chapters and engage and unite members at the State level to educate physicians to recognize and treat alcohol and other drug addicted individuals, and educate state law makers, insurers, other policy makers and the public about the need for and effectiveness of treatment.



American Society of Addiction Medicine

P.O. Box 80139 • Baltimore, Maryland • 21280-0139

Phone: 301-656-3920 • Fax: 301-656-3815 • [www.asam.org](http://www.asam.org) • [email@asam.org](mailto:email@asam.org)

# ASAM Conference Registration Form

Please check the box of the conference(s) that you would like to register for.  
Member rates apply to ASAM Members only.

<b>DATES</b>	<b>COST</b>	<b>COURSE INFORMATION</b>
<b>2007</b>		
November 30-Dec 2	<input type="checkbox"/> Member \$590 <input type="checkbox"/> Non-Member \$675	<b>Comprehensive Medical Review Officer Training Course</b> 18 Credit Hours in AMA PRA Category 1 Chicago, IL
<b>2008</b>		
April 10	<input type="checkbox"/> Member \$265 <input type="checkbox"/> Non-Member \$325	<b>The Ruth Fox Course for Physicians</b> 8 Credit Hours in AMA PRA Category 1 Toronto, Ontario, Canada
April 10	<input type="checkbox"/> Member \$265 <input type="checkbox"/> Non-Member \$325	<b>Pain &amp; Addiction: Common Threads IX</b> 8 Credit Hours in AMA PRA Category 1 Toronto, Ontario, Canada
April 13	<input type="checkbox"/> Member \$500 <input type="checkbox"/> Non-Member \$610	<b>39th Annual Medical Scientific Conference</b> Up to 22.5 Credit Hours in AMA PRA Category 1 Toronto, Ontario, Canada
October 26-28	<input type="checkbox"/> Member \$500 <input type="checkbox"/> Non-Member \$575	<b>Review Course in Addiction Medicine</b> 21 Credit Hours in AMA PRA Category 1 Chicago, IL

**Make Check Payable to ASAM and Mail this form to:**

American Society of Addiction Medicine, 4601 North Park Ave., Upper Arcade #101, Chevy Chase, MD 20815

Name and Degree: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone and Fax: \_\_\_\_\_

Method of Payment:     Check     Money Order     MasterCard / VISA

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# The 2008 ASAM Certification and Recertification Examination Suggested Reading List

The ASAM Certification/Recertification Examination covers the broad body of knowledge of addiction medicine. Examinees can expect questions on any or all topics that an addiction physician in any specialty can reasonably be expected to know. The following suggested reading list consists of materials which the examinee may find useful in preparing for the ASAM Certification. It is not intended to be an exhaustive study guide for this examination, nor is it intended to be a list of the best resources available. There may be other resources which prove to be more useful to the examinee. Please Note: ASAM can make no claim that persons who read any or all of the texts listed here will perform at a predictable level on the Certification/Recertification examination

## ASAM PUBLICATIONS

- Graham, A.W., Mayo-Smith, M.F., Ries, R.K., and Schultz, T., (Eds.) *Principles of Addiction Medicine Third Edition*. Chevy Chase: American Society of Addiction Medicine, 2003.

*Principles of Addiction Medicine, Third Edition*, is the authoritative reference on addiction treatment and contains valuable scientific and clinical information for physicians who have a special interest or practice concentration in addiction medicine, and for addiction counselors and other health care professionals. **To order *Principles of Addiction Medicine, Third Edition*, call us toll free at 1-800/844-8948. Our hours are 8:30am to 5:00pm Eastern Time, Monday through Friday.**

## BOOKS

- DuPont, R.L., *The Selfish Brain*, Washington D.C.: American Psychiatric Press, 2000
- Gilman, A. G., et al. (Eds.) *Goodman and Gilman's The Pharmacological Basis of Therapeutics*. 9th ed. New York: McGraw Hill, 2005.
- Galanter, M., and Kleber, H.D., (Eds.) *The American Psychiatric Textbook of Substance Abuse Treatment*. Washington, D.C.: American Psychiatric Press, 2004.
- Gitlow, S., *Substance Use Disorders: A Practical Guide*. Philadelphia: Lippincott, Williams and Wilkins, 2006.
- Goldstein, A., *Addiction: From Biology to Drug Policy*. New York: UH Freeman, 2001.
- Lowinson, J.H., et al. (Eds.) *Substance Abuse: A Comprehensive Textbook*. 2nd ed. Baltimore: Williams & Wilkins, 2004.
- Senay, E. C. *Substance Abuse Disorders in Clinical Practice*. 2nd ed. New York: Norton & Company, Inc., 1998.
- Swotinsky, R. B. *Medical Review Officer's Guide to Drug Testing*. New York: Van Nostrand Reinhold, 1998.
- *Diagnostic and Statistical Manual of Mental Disorders*. 4th ed. Washington D.C.: American Psychiatric Association, 2000.
- NIDA *Principles of Addiction Treatment*. NIH publication, 2000.
- Schukitt, Mark. *Drug and Alcohol Abuse : A Clinical Guide to Diagnosis and Treatment*. Springer Science, 2005.

## JOURNALS

*Alcoholism: Clinical and Experimental Research*.

*American Journal on Addictions*.

*International Journal of Addictions*.

*Journal of Addiction Medicine*.

*Journal of American Medical Association*.

*Journal of Psychoactive Drugs*.

*Journal of Studies on Alcohol Addiction*.

*New England Journal of Medicine*.

*Journal of Drug and Alcohol Dependence*.



ASAM Certification Department  
4601 N. Park Avenue, Upper Arcade #101  
Chevy Chase, MD 20815-4520  
Phone: 301/656-3920 • Fax: 301/656-3815  
E-mail: [email@asam.org](mailto:email@asam.org)  
Website: [www.asam.org](http://www.asam.org)

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Permit #1112  
Merrifield, VA

# CERTIFICATION EXAMINATION APPLICATION