

2008 RECERTIFICATION 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 Recertification Examination to be given on December 6, 2008. Below are some common questions and answers regarding the recertification examination.

How often do I need to Recertify? Certificates for initial certification issued from 1986-1996 are not time limited and will not expire. Physicians who have obtained such a certificate and maintain current ASAM membership will continue to be listed in the membership directory as "ASAM certified, 19xx." However, all certified physicians are strongly encouraged to consider recertification after ten years in order to demonstrate the currency of their knowledge in the field of addiction medicine.

Certificates issued in 1998 and thereafter are 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, 20xx," 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.

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 2007-2008. See the Calendar of Events in section III 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.

Must one sit for an examination in order to recertify? Yes. Recertification is by examination only. The examination is the same for both certification and recertification candidates.

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 and will be returned to the candidate. Copies of the application can also be printed from the ASAM web site (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:	\$1,050 for members, \$1,350 for nonmembers
Standard Deadline:	Tuesday, December 18, 2007 - Friday, February 29, 2008
Standard Fees:	\$1,150 for members, \$1,450 for nonmembers
Late Deadline:	Saturday, March 1, 2008 - Saturday, May 31, 2008
Late Fees:	\$1,450 for members, \$1,750 for nonmembers

A completed application form and completed letter 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. 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.

E. 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, and payment of the additional examination fee should accompany this written request. The applicant will be notified if the request is approved. Requests must be submitted no later than September 14, 2008.

F. 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.

G. REEXAMINATION

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.

H. 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.

I. 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.

J. 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.

K. FOR FURTHER INFORMATION

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

II. Computer-based Examination Procedure 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.® 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. An optional 10 minute tutorial will also be provided on the day of the examination.

III. 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

April 10 **The Ruth Fox Course for Physicians**
8 Credit Hours in AMA PRA Category 1
Toronto, Ontario, Canada

April 10 **Pain & Addiction: Common Threads IX**
8 Credit Hours in AMA PRA Category 1
Toronto, Ontario, Canada

April 10-13 **39th Annual Medical Scientific Conference**
Up to 22.5 Credit Hours in AMA PRA Category 1
Toronto, Ontario, Canada

October 26-28 **Review Course in Addiction Medicine**
21 Credit Hours in AMA PRA Category 1
Chicago, IL

December 6 **2008 ASAM Certification and Recertification Examination
in Addiction Medicine**
5 Credit Hours in AMA PRA Category 1
Computer Examination at over 300 National and 100
International Prometric Testing Centers



IV. 2008 Recertification 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 Year of initial ASAM certification _____

(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.

<u>State(s)</u>	<u>Expiration Date</u>	<u>License Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. 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 and B) 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)

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

B. _____
(Chief of staff, director, or society official)

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

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 & 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 • email@asam.org



C. 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. | () | () |



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.

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

Method of Payment: Check Money Order MasterCard / VISA

Credit Card Number: _____ Expiration Date: _____

Signature: _____

D. 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.

E. CHECKLIST

Please check off the items 1-5 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 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.
- 5. If including membership application, I have included a separate payment for dues.

F. METHOD OF PAYMENT

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

G. REVIEW PROCESS AND SCHEDULE

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

H. 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

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
Website: www.asam.org

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RECERTIFICATION EXAMINATION APPLICATION