

THE AMERICAN BOARD OF DERMATOLOGY, INC.

HENRY FORD HEALTH SYSTEM
1 FORD PLACE
DETROIT, MI 48202-3450
(313) 874-1088

**APPLICATION FOR SPECIAL QUALIFICATION IN
CLINICAL AND LABORATORY DERMATOLOGICAL IMMUNOLOGY**

TYPE OR PRINT ALL INFORMATION. SIGN AND RETURN COMPLETED APPLICATION, ALONG WITH REQUIRED ATTACHMENTS TO ABOVE ADDRESS.

1. NAME

_____ Last Name First Name or Initial Middle Name or Initial

ADDRESS

_____ Street

_____ City State Zip Code Country

TELEPHONE _____ SOCIAL SECURITY NO. _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

E-Mail Address _____ Citizenship _____

2. MEDICAL LICENSE Send a notarized copy of your currently valid, full, and unrestricted license to practice medicine or osteopathy in the state or province of your residence in either the United States or Canada.

_____ Medical School (Name & Location)

Date of Graduation _____ Degree(s) _____

3. GRADUATE TRAINING IN DERMATOLOGY: (List only training programs approved by the Residency Review Committee for Dermatology and accredited by the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada.)

a) First Post-Graduate Year

_____ Institution Type Dates (Beginning-Ending)

b) Residency Training in Dermatology

_____ Institution Dates (Beginning-Ending)

4. TRAINING IN AN ACCREDITED DERMATOPATHOLOGY RESIDENCY PROGRAM

Institution	Position Held	Dates (Mo. & Year) Beginning/Ending	Director of Training

5. OTHER SPECIALTY TRAINING (Internal Medicine, Pathology, Pediatrics, Family Practice, etc.)
Specify:

Institution	Position Held	Dates (Mo. & Year) Beginning/Ending	Director of Training

6. SPECIALTY BOARD CERTIFICATION

Date Certified (Month, Year)

American Board of Dermatology

Certification of Special Qualification in
Dermatopathology

No___ Yes___

Other Board Certification (Specify)

No___ Yes___

7. TRAINING IN CLINICAL AND LABORATORY DERMATOLOGICAL IMMUNOLOGY

Institution	Position Held	Dates (Mo. & Year) Beginning/Ending	Director of Training

8. ADDITIONAL TRAINING IN IMMUNOLOGY

Institution	Position Held	Dates (Mo. & Year) Beginning/Ending	Director of Training

9. CUTANEOUS IMMUNOPATHOLOGY CLINICAL AND LABORATORY EXPERIENCE (with dates)

Institution	Dates (Month & Year) Beginning/Ending	Laboratory Director

10. RESEARCH ACTIVITIES IN CUTANEOUS IMMUNOPATHOLOGY (Please attach a list of publications and presentations at scientific meetings, or other relevant documents.)

11. OUTLINE YOUR PROFESSIONAL ACTIVITIES (private practice, military service, or other):

Locations	Dates Beginning/Ending

12. ACADEMIC APPOINTMENTS

Institution	Position Held	Dates (Mo. & Year) Beginning/Ending	Director of Training

13. LIST AS REFERENCES TWO WELL-KNOWN DERMATOLOGISTS WHO ARE FAMILIAR WITH YOUR WORK IN CUTANEOUS IMMUNOPATHOLOGY*

1) NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
COUNTRY _____ TELEPHONE _____

2) NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
COUNTRY _____ TELEPHONE _____

*Please be certain to request that reference letters be sent promptly to the Board office so that there is no delay in processing your application.

I, the undersigned, hereby make application to take the Special Qualification examination in Clinical and Laboratory Dermatological Immunology of the American Board of Dermatology, Inc.. in accordance with and subject to the rules and regulations of the Board. I understand the issuance to me of a Certificate requires approval of my application and successful completion of the examination. I agree to disqualification from the examination, to denial of issuance of a Certificate to me, and to forfeiture and redelivery of any Certificate granted me by said Board in the event that any of the statements or answers hereinafter made by me are false or in the event that any of the rules and regulations governing such examination are violated by me. I agree to hold the American Board of Dermatology, Inc., its members, examiners, officers, and agents free from any complaint, claim, or damage arising out of any action or omission by any of them in connection with this application, any examination given by the Board, any grade relating thereto, the failure to issue me any Certificate, or any demand for forfeiture or redelivery of such Certificate.

A candidate who, after investigation by the Board, has been found to have engaged in cheating or irregular behavior in connection with an examination of the Board, whether or not such behavior had an effect on the candidate's performance on the examination, shall have his or her examination invalidated. Such candidate shall not be certified and may be barred from retaking the examination in the future for a period determined by the Board in its sole discretion.

I understand that the decision as to whether or not I qualify for a Certificate rests solely and exclusively in the Board and that the decision of the Board is final. I have read and understand the "hold harmless" statement above and intend to be legally bound by it. I hereby pledge myself to the highest ethical standards in the practice of dermatology.

Signature

Date