

FOR ABLM OFFICE USE ONLY

DEADLINE DATE FOR RETURN
OF COMPLETED APPLICATION _____

APPLICATION RECEIVED _____

RECEIVED FEES ☐

RECEIVED PICTURES ☐

CREDENTIALS VERIFICATION ☐

FURTHER DATA REQUESTED RELATIVE TO _____

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CANDIDATE NUMBER

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CERTIFICATE NUMBER



The American Board of Legal Medicine, Inc.

APPLICATION FOR ADMISSION TO EXAMINATION

Please complete your application. The application applies to all examinations given by the American Board of Legal Medicine, Inc. (the "Board"). Each item, relevant to the examination for which you are applying, must bear at least one entry; if "none" is applicable, so state. You must account for all time intervals from date of graduation from high school or its equivalent to present time. Incompleteness will result in delay of processing.

Name _____ Date _____
LAST NAME FIRST NAME MIDDLE NAME

Place of Birth _____ I am a citizen of _____
CITY, STATE, COUNTRY

Date of Birth _____ Signature _____
MONTH/DAY/YEAR

ADDRESS	TELEPHONE/EMAIL
MAILING: Firm, Agency or Office Number and Street City State and Zip Code	Area Code Number Extension Email Address
OFFICE:	Area Code Number Extension
RESIDENCE:	Area Code Number Extension

I Education

Please be as accurate as possible. (Explain any interruption in training.)

	INSTITUTION : NAME, ADDRESS AND EMAIL	ATTENDED FROM TO	Date Graduated or Completed	DEGREE
A COLLEGE		-		
		-		
		-		
		-		
B MEDICAL SCHOOL (1) Internship		-		
		-		
		-		
(2) Postgraduate and Residency		-		
		-		
		-		
C LAW SCHOOL (1) Exclusive of Postgraduate		-		
		-		
		-		
(2) Postgraduate		-		
		-		
		-		

II License(s) Issued

	STATE(S): NAME, ADDRESS AND EMAIL OF CONTACT PERSON FOR VERIFICATION	DATE OF LICENSE OR ADMISSION TO PRACTICE
A MEDICAL		
B LEGAL		

PLEASE APPEND ANY ADDITIONAL INFORMATION ON A SEPARATE SHEET

III Certifications

If certified by any of the specialty examining boards in a Specialty or Sub-specialty, kindly give name of each certifying board, category, and date of certification.

SPECIALTY/SUB-SPECIALTY	CERTIFYING BOARD: NAME, ADDRESS AND EMAIL	DATE OF CERTIFICATION

IV Professional Standing

A.	HAVE YOU EVER HAD YOUR LICENSE TO PRACTICE EITHER MEDICINE OR LAW RESTRICTED OR REVOKED? If "yes," please give details on separate sheet of paper.	NO <input type="checkbox"/>	YES <input type="checkbox"/>
B.	HAVE YOU EVER HAD HOSPITAL STAFF PRIVILEGES RESTRICTED OR REVOKED? If "yes," please give details on separate sheet of paper.	NO <input type="checkbox"/>	YES <input type="checkbox"/>
C.	HAVE YOU EVER BEEN CONVICTED OF A FELONY? If "yes," please give details on separate sheet of paper.	NO <input type="checkbox"/>	YES <input type="checkbox"/>
D.	HAVE YOU EVER BEEN CENSURED BY A HOSPITAL OR STATE MEDICAL SOCIETY OR BY THE BOARD OF BAR OVERSEERS OR THE STATE BAR ASSOCIATION? If "yes," please give details on separate sheet of paper.	NO <input type="checkbox"/>	YES <input type="checkbox"/>
E.	HAVE YOU EVER VOLUNTARILY DISCONTINUED STATE LICENSURE TO PRACTICE EITHER MEDICINE OR LAW? If "yes," please give details on separate sheet of paper.	NO <input type="checkbox"/>	YES <input type="checkbox"/>
F.	VOLUNTARY ADDITIONAL DATA AND NOTES OF EXPLANATION:		

V Character References and Endorsements

NAMES AND ADDRESSES OF THREE PERSONS, PREFERABLY DIPLOMATES OF THIS BOARD, OR FELLOWS OF THE AMERICAN COLLEGE OF LEGAL MEDICINE OR OTHER PERSONS OF HIGH PROFESSIONAL STANDING SATISFACTORY TO THE BOARD WHO ARE CURRENTLY FAMILIAR WITH THE APPLICANT'S WORK, FROM WHOM INFORMATION MAY BE OBTAINED REGARDING THEIR PROFESSIONAL STANDING AND CHARACTER OF THE APPLICANT.

	NAME	ADDRESS/EMAIL ADDRESS	CITY, STATE	ZIP	PHONE NUMBERS W=WORK;H=HOME;C=CELL
1.					W Ext. ; H ; C
					W Ext. ; H ; C
2.					W Ext. ; H ; C
					W Ext. ; H ; C
3.					W Ext. ; H ; C
					W Ext. ; H ; C

I hereby make application to The American Board of Legal Medicine, Inc. for the issuance to me of a Certificate of Qualification as a Diplomat in Legal Medicine and for examination relative thereto, all in accordance with and subject to the Board's rules and regulations. I agree to disqualification from examination or from the issuance of a Certificate of Qualification or to forfeiture and redelivery of such Certificate, as directed by the Board, in the event that any of the statements made by me are false, or in the event that any of the rules governing such examinations are violated by me or in the event that I did not comply with or shall violate any of the provisions of the Certificate of Incorporation or By-Laws of The American Board of Legal Medicine, Inc. or both, as then constituted or in the event that my license either to practice medicine or law is revoked for any reason except for payment of licensure fees. I agree to notify the Board immediately of any suspension or revocation of licensure to practice medicine or law and I understand that this may result in suspension/revocation of my Certificate.

I understand that the ABLM Certification Examination may not be recognized by some state boards and that I will need to contact my state board for further information.

I understand and agree that in consideration of my application, my professional qualifications, including my moral and ethical standing in the medical and legal professions, and my competence in clinical skills, will be evaluated by the Board and that the Board may make inquiry of the persons named in my application and of such other persons as the Board may deem appropriate with respect to such matters; and I agree that the sources and all information furnished to the Board in connection with its inquiry shall be confidential, and not subject to disclosure, through legal process or otherwise, to me or to anyone acting on my behalf.

I understand that the Board may, at its discretion, release information concerning examination scores to qualified researchers selected by the Board to study the testing programs of the Board provided these researchers agree to maintain the confidentiality of this information. I understand that my individual examination results and scores will be considered by the Board to be confidential; and, unless otherwise expressly authorized by me, the Board will endeavor not to release these scores to any other person, institution or organization in any form that might result in these scores being identified as mine.

I hereby certify that the information given in this application is true and correct to the best of my knowledge and belief.

Further, I hereby pledge myself to the highest ethical standards in the practice of Legal Medicine and agree to revocation of my Certificate on grounds of violation of standards of ethical practice and/or for any cause resulting in forfeiture of my license to practice either medicine or law.

Finally, I hereby agree to hold harmless the ABLM, its directors (trustees), officers, diplomates, and staff, and waive any and all rights to pursue, and any legal or administrative remedy against, the above individuals and entities for allegations including but not limited to, fraud, deception, bias, prejudice, lack of fairness, or due process in connection with the application process, admission to examination, preparation or grading of the examination, and certification of candidates or the failure to issue certification to candidates. In witness whereof, I affix my signature.

SIGNATURE _____ DATE _____

INSTRUCTIONS TO APPLICANT

Online:

1. Go to www.aclm.org/ablm/application. Click on [Fill-out Application Online](#). Fill out application completely or you will not be able to submit it online. If it is necessary for you to stop your work on the application, you may save it online and come back to it later without submitting it to ABLM for review.
2. The deadline date for filing for the examination in any given year will be determined by the Board of Trustees of The American Board of Legal Medicine, Inc. and can be accessed by applicants on the ABLM Web-link www.aclm.org/ablm/certification/deadline.
3. If the application is accepted, you will be notified by the Board by email at which time you will be issued a CANDIDATE NUMBER.
4. Scan a recent photo of yourself and attach to your online application. See online instructions.
5. There is a non-refundable application fee of three hundred dollars (\$300.00) (United States currency). A check or money order is required to be made payable to The American Board of Legal Medicine, Inc. See below also regarding the Exam Fee.
6. Mail by US mail a copy of the completed application, checks or money orders and photographs to The American Board of Legal Medicine, Inc. c/o Dr. S. Sandy Sanbar, 8100 Glenwood Avenue, Oklahoma City, Oklahoma 73114-1108.

By US Mail:

1. Go to www.aclm.org/ablm/application. Click on [Download Application Form](#). Fill out application completely. Use extra paper for additional data, if necessary. No copy will be accepted. Incomplete applications will not be accepted. The postmark affixed to the last item received to complete the application must be on or before the deadline date.
2. The deadline date for filing for the examination in any given year will be determined by the Board of Trustees of The American Board of Legal Medicine, Inc. and can be accessed by applicants on the ABLM Web-link www.aclm.org/ablm/certification/deadline.
3. Enclose non-refundable application fee of three hundred dollars (\$300.00) (United States currency). A certified check or money order is required to be made payable to The American Board of Legal Medicine, Inc.
4. If the application is accepted, you will be notified by the Board at which time you will be issued a CANDIDATE NUMBER. Your examination fee of two hundred dollars (\$200.00) must be received by the Board no later than 30 days prior to examination as a pre-requisite to your being admitted to the examination.
5. Enclose two photographs, autographed on the FRONT (Passport size 3 x 3 inches).
6. Return completed application, checks or money orders and photographs to The American Board of Legal Medicine, Inc. c/o Dr. S. Sandy Sanbar, 8100 Glenwood Avenue, Oklahoma City, Oklahoma 73114-1108

Please attach photograph.
3" x 3"

TO BE FILLED OUT BY THE BOARD OFFICE

EXAMINATION

Report of Examiners:	Part I	_____	Date	_____
Report of Examiners:	Repeat Part I	_____	Date	_____
Report of Examiners:	Repeat Part I	_____	Date	_____

Final action by The American Board of Legal Medicine, Inc.:	_____
Date	_____
Signature	_____