AMERICAN BOARD OF BEHAVIORAL HEALTHCARE PRACTICE

APPLICATION FOR BOARD CERTIFICATION IN CLINICAL GEROPSYCHOLOGY AND NURSING HOME CONSULTATION

I hereby apply to the ABBHP for the purpose of board certification in the specialty of Clinical Geropsychology and Nursing Home Consultation. Please review ABBHP Requirements on the ABBHP website at www.abbhp.org

Date of Application: ____/____/____

GENERAL REQUIREMENTS

1. Name_____
   Last First MI

2. Work Address Phone

   _____ Fax_____
   City State Zip

   Home Address Phone

   _____ Email_____
   City State Zip

   Preferred Mailing Address Office Home

3. Current Licensure at the independent level:

   State License No. License Type Date Licensed

4. Degree is: Ph.D. Psy.D. Ed.D. D.BH D.MH

   LMSW/LCSW

   Year Degree Awarded _____

   Institution_____Department_____

5. Have You Completed A Clinical Internship? Yes No

   Program Name:_____

   Location:_____

Date Completed: ____/____/_____

6. Have you ever been convicted of a felony? Yes No
   Sued for malpractice? Yes No
   Charged with an ethics or conduct violation that resulted in an adverse decision or action, including censure, probation, suspension or revocation of your license to practice?
   Yes No

*If yes to any of the above questions, include a complete statement of details on a separate page.

ENDORSMENTS

7. Along with this application, please include at least one letter of endorsement by an appropriately qualified professional who is familiar with your competence and work as a healthcare professional. in long term care.

LONG TERM CARE EXPERIENCE

8. Current Work Place:_____ Dates (from)_____ (to) _____
   Address_____
   Title or Position_____
   Hours per week at this location:_____
   Describe your professional activities. If engaged in private practice, indicate extent and nature (types of patients and types of service, e.g., psychotherapy, psychoeducational assessment, consultation, etc).
   Description of Duties:

PREVIOUS LONG TERM CARE EXERIENCE

8a. Work Place: _____ Dates (from)_____ (to) _____
   Address_____
   Title or Position_____
   Hours per week at this location:_____
   Describe your professional activities. If engaged in private practice, indicate extent and nature (types of patients and types of service, e.g., psychotherapy, psychoeducational assessment, consultation, etc).
   Description of Duties:

8b. Work Place:_____ Dates (from)_____ (to)_____
   Address_____
   Title or Position_____
   Hours per week at this location:_____
   Describe your professional activities. If engaged in private practice, indicate extent and nature (types of patients and types of service, e.g., psychotherapy, psychoeducational assessment, consultation, etc).
   Description of Duties:

9. Do you have any current board certifications? Yes No
If yes, please describe.

a. Name of Board:_____
Specialty:_____ Date Received: ____/____/____

b. Name of Board:_____
Specialty:_____ Date Received: ____/____/____

10. Membership in Professional Organizations:

1._____

2._____

3._____

11. **STATEMENT OF PURPOSE**
Please provide a brief statement (approx. 500 to 600 words, on a separate page) about why you desire this Board Certification in Clinical Geropsychology and Nursing Home Consultation, and what your professional goals are in this specialty.

ATTESTATION

I, the undersigned, hereby make this application to the American Board of Behavioral Healthcare Practice, for board certification as a Diplomate in Clinical Geropsychology and Nursing Home Consultation. I understand that my application is subject to the rules, bylaws, and other governing provisions of the Board, and I agree to be bound by the regulations of the Board, either as a candidate for issuance of a Diplomate, or upon issuance of a Diplomate, as the holder of same. I agree to relinquish my Diplomate status in the event that the Board finds me in violation of its rules and regulations. I recognize that the Board may decide that I am not qualified, and I agree to abide by its decision.

I certify that all the statements made herein are true and accurate to the best of my knowledge and belief. I have enclosed the non-refundable application fee.

If granted board certification, I agree that ABBHP is an active credential that requires an annual renewal including attestation, and renewal fee. I agree to pay all required annual fees assessed by the American Board of Behavioral Healthcare Practice to maintain this Diplomate credential.

Signature:_____Date:____/____/____

Printed Name:_____

FEES

Application Fee: $125
Course Fee: $300
Awarding of Board Certification: $300

If your application is accepted, you will be required to successfully pass the Geropsychology Examination. Upon passing, payment of the Award fee of $300 is due and payable to ABBHP. Certification in Clinical Geropsychology and Nursing Home Consultation will be conferred upon receipt of award fee. Please pay all checks to ABBHP.

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*****FEES ARE NOT REFUNDABLE.*****

Please return application with all requested materials to:

Concept Healthcare, LLC
4901 Morena Blvd., Suite 109
San Diego, CA 92117-3370
ATTN: Joseph M. Casciani, PhD

858-272-3992 (office)
858-272-3992 (fax)

ABBHP Applicant Agreement

Terms and Conditions Of Accreditation

In consideration of the mutual benefits accruing and expected to accrue hereunder, ABBHP and the Applicant, agree as follows:

For purposes of the following provisions, 'Applicant' is _____ (i.e., person seeking Board Certification).

1. Applicant hereby authorizes ABBHP and each of its designees, for any and all purposes reasonably related to Applicant¶s application and ongoing board certification relationship to ABBHP, to use any and all information submitted by Applicant provided that ABBHP and each of its designees shall take reasonable steps to hold and keep in confidence such information. Notwithstanding the foregoing duty of confidentiality, Applicant hereby authorizes ABBHP to publicly disclose on ABBHP's web site and in comparable ABBHP publications the fact that Applicant has received ABBHP board certification in Clinical Geropsychology and Nursing Home Consultation, and the Applicant's name in connection therewith and the current status of the applicant's continued board certification.

2. Applicant hereby releases and discharges ABBHP and each of its designees, individually and in their official capacity, from any and all claims or causes of action of any nature arising out of the **acceptance and review**, and **approval** or **disapproval** of Applicant's application, or, if approved, ABBHP's implementation and application of the board certification.

I, _____, agree to the terms and conditions of this application and hereby agree to and accept the terms and conditions of applying for board certification by ABBHP.

Signed:

Print Name:

Title:

Date:____/_____/_____

AMERICAN BOARD OF BEHAVIORAL HEALTHCARE PRACTICE

www.ABBHP.org

CHECK LIST

Applicant Name:_____

Address: _____City:_____

State:_____ ZIP:_____ Telephone:_____

Email:_____

Amount Enclosed: $_____

Date: ____/____/_____

ITEMS INCLUDED:

1. Signed and Completed Application Form: _____
2. Agreement Form: _____
3. Check List: _____
4. Copy of State License: _____
5. Letter(s) of Endorsement: _____
6. Statement of Purpose: _____
7. Current *Curriculum Vitae*: _____
8. Application Fee $125.00: _____

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