APPLICATION FORM 2020

Name: _____ **Degrees:** _____

Mailing Address: _____

Email Address: _____

Exam Requested	Exam Location	Exam Date	Application Deadline
	Victoria, BC Canada	Nov 15, 2020	August 1, 2020

The examination is composed of 225 multiple choice questions testing knowledge and some clinical judgment. The exam will take 4 ½ hours and will be administered in two parts (2 hrs 15 min each) with a 15 min health break in between and will be proctored by two faculties, one external and one local.

Please send the following documentation:

1. Copy of Graduation Certificate from a medical school recognized by the World Health Organization

2. Copy of a license to practice medicine (which is valid at the time of application and at the time of the examination) in a given licensing jurisdiction (national, region).

3. Three Reference/Recommendation letters to attest to good standing in the medical community:
- Two letters 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.
- One letter of reference **if possible** from a current ISAM member **or if not possible** a member of the Executive of your national Society or a senior practitioner from your institute/organization who can attest to or verify the physicians' good standing in the medical community.

4. Current Curriculum Vitae/resume documenting:
- A substantial portion of medial practice in the addiction field over a continuous 3- yr period. Completion of a 1-year Fellowship in Addiction Medicine would be accepted in lieu of this.
- List of Continuing Education (conferences, workshops, courses) over the past three years.

DOCUMENTS and FEES can be mailed or sent online:
- By mail: An international money order made payable to the *International Society of Addiction Medicine* for $800 US (non-ISAM members), $700 US (ISAM members), $725 US (for members of Affiliate Societies: CSAM, ASAM, AAAP, Iranian Society, Israeli Society, OKANA – Greek Society, KAAP, Japanese Society of Alcohol Related Problems, EUROPAD, VVGN, Swiss Society of Addiction Medicine) is to be forwarded along with the application to:
  ISAM c/o 47 Tuscany Ridge Terrace NW, Calgary AB T3L 3A5
- By email/online: Send documents to isam.mdorozio@gmail.com and you can pay online by going on the ISAMWEB.org home page to the tab Events/Exam Dates and scroll down to Registration

PLEASE NOTE: Rejected/canceled applications will be refunded minus a $150 US processing fee.

For more info please check the ISAM webpages at: www.isamweb.org

ISAM

Disclaimer – *PLEASE SIGN AND RETURN WITH APPLICATION*

Because the International Society of Addiction Medicine [ISAM] is responsible for ensuring the integrity of the credentials awarded, the Editorial Board has adopted a set of accountability standards related to the certification process. These standards exist to protect the public from those who seek to misrepresent their qualifications or their status as credentialed practitioners. All individuals applying to, or certified by, ISAM must comply with these standards.

APPLICANT CONSENT STATEMENT

I understand that ISAM reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of my application or revocation of my certification. I authorize ISAM's officers and assigned examiners (the "designated parties") to review my application to determine whether I have met ISAM's standards for certification. I agree to cooperate promptly and fully in any review of my certification by ISAM, including submitting such documentation and information deemed necessary to confirm the information in my application. I indemnify and hold harmless ISAM and its designated parties from the decision made on my application so long as such decision was made in good faith and does not constitute gross negligence by ISAM or its designated parties.

I understand and agree that ISAM may deny my eligibility to take the ISAM International Certification Exam if any part of my application is incomplete or illegible, documented information does not meet the necessary requirements or the application does not include the correct fees.

I understand that I am to report to the testing location at least 25 (Twenty-five) minutes prior to the examination starting time. I understand and agree that I may not be permitted to enter the testing area if I arrive late for the examination and that I will not be granted additional time to complete the examination if I arrive late and am permitted to enter the testing area.

I understand that the decision of the examining Board is final and that there is no appeal process for my score.

I understand that the information relating to the certification process may be used for statistical purposes and for evaluation. I further understand that the information for certification records will be treated confidentially.

I understand that if certified, my name will become part of a registry and may be released for verification.

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

_____	_____	_____
Signature	Print Name	Date