

**APPLICATION FOR ACCEPTED CANDIDATE STATUS  
BOARD OF INSURANCE MEDICINE**

*Please type or print*

**Full Name of Applicant:**

**Address:**

**email:**

**Date of Birth:**

**Education:**

	Name of Institution, Location	Dates Attended:	Degree
<b>College:</b>			

**Medical School:**

**Postdoctoral Training:**

	Name of Institution, Location	Type of Program/Field of Practice	Dates
<b>Internship:</b>			

**Residency:**

**Fellowship:**

**Licensure:**

**Licensed to practice in state(s), province(s), or country of:**

**Date Licensed:**

**License Number:**

**Please enclose a copy of your current, valid medical license from the state or province where you practice insurance medicine.**

**Certification by National Board of Medical Examiners, Federal Licensing Examination (FLEX) or Medical Council of Canada:**

**Date:**

**Certificate Number:**

**If certified by any of the American or Canadian specialty boards, please give name of board and date of certification:**

