

# THE AMERICAN BOARD OF ANESTHESIOLOGY

4208 Six Forks Road, Suite 1500 | Raleigh, NC 27609-5765 | Phone: (866) 999-7501 | Fax: (866) 999-7503 | Website: www.theABA.org

## REQUEST FOR DUPLICATE CERTIFICATE

### A. INSTRUCTIONS:

1. Please complete this entire form.
2. Mail the form and a check for the \$150.00 fee for each duplicate certificate requested to the American Board of Anesthesiology, Inc.

### B. CERTIFICATE TYPE (please enter the number of certificates requested):

Anesthesiology (Initial Certification\_\_\_\_\_Recertification\_\_\_\_\_Maintenance of Certification\_\_\_\_\_)

Critical Care Medicine (Initial Certification\_Recertification\_\_\_\_\_)

Pain Medicine (Initial Certification\_\_\_\_\_Recertification\_\_\_\_\_)

Hospice and Palliative Medicine (Initial Certification\_\_\_\_\_)

Sleep Medicine (Initial Certification\_\_\_\_\_)

Pediatric Anesthesiology (Initial Certification\_\_\_\_\_)

### C. CERTIFICATE NAME: Please print your name as you want it to appear on the certificate:

\_\_\_\_\_  
First Name Middle Name Last Name Suffix

*Please note: Diplomates' principal medical degree is not printed on certificates.*

### D. MAILING ADDRESS: Your duplicate certificate will be sent directly to you from our printer.

1. Please *print* below the address to which your duplicate certificate should be shipped:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is this the address to which we should send all future correspondence?  Yes  No

If "No", please provide a mailing address to which we may send future correspondence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### E. Please print your ABA ID Number: \_\_\_\_\_