



Attestation: I hereby certify that all information provided in this application is complete and correct to the best of my knowledge.

Signature: _____ Date: _____

Applicant Information: (PLEASE PRINT)

Applicant name (last, first, middle initial): _____

Board Certification Information

Full Name of Board: **American Board of Radiology** Date of Certification: _____

Billing address: Home Office

Address:
City, State Zip:
Phone: _____ Fax: _____
*Email address :

**To receive your certificate, you will need to log in or create a free AMA account. AMA membership is not required. If you already have an AMA account, please use the email associated with that account. If you do not have an account, please use an email that you want associated with your account.*

Non-refundable processing fee: \$75.00

Payment Visa MasterCard American Express **Checks are no longer accepted**

Name: (as it appears on credit card)
Credit Card Number: _____ Expiration Date: _____ CVV: _____
Authorized Signature of Cardholder:



Certificate of Participation Instructions:

The American Medical Association recognizes the doctorate level professionals who have met board maintenance of certification criteria established by American Board of Medical Genetics and American Board of Radiology. This is a separate program established with the American Board of Medical Specialties (ABMS) for the American Board of Medical Genetics or the American Board of Radiology with the AMA.

Please note that processing fees paid to the AMA for the Certificate of Participation are non-refundable.

Please submit the following documents for each application:

- A copy of your Board completion notification letter or board certificate dated April 1, 2015 or later.

Certificates will be completed within **4 business weeks** from the received date of the application.

To receive your certificate, you will need to log in or create a free AMA account. AMA membership is not required. If you already have an AMA account, please use the email associated with that account. If you do not have an account, please use an email that you want associated with your account.

* **TAXES:** AMA reserves the right to charge VAT, GST/HST and sales & use tax where applicable. The appropriate charges will be added to your total order and displayed on your final order confirmation if you are shipping to a state where AMA has economic nexus. The applicable tax is estimated and is subject to change. A valid exemption certificate must be provided by service recipient at the point of sale to avoid applicable taxes. Your purchase may be subject to use tax unless it is specifically exempt from taxation. Some states require each purchaser to report any taxable purchase that was not taxed and to pay use tax on the purchase. See the [AMA Ed Hub FAQ](#) for more information.

To apply visit: <https://edhub.ama-assn.org/pages/certificate-participation>

Submit to AMA

- Mail: American Medical Association, 330 N. Wabash Ave., Suite 39-300, Chicago, IL 60611-5885
- Email: pra@ama-assn.org
- Fax: (312) 464-5129
- Questions? Please call (312) 464-4669 or Email pra@ama-assn.org