



**Master CIME™ Application ~ Please Complete & Return with Required Items**

The American Board of Independent Medical Examiners (ABIME) requests careful and thorough completion of this application form. Incomplete applications or errors will result in delay and possible disqualification. **Applications MUST BE COMPLETED LEGIBLY then mailed or faxed to 304-733-5243 or scanned and emailed to info@abime.org.** Completed application, supporting documentation as outlined below and payment of Diploma fee must accompany this application.

**Documentation required with the Application**

**Your file must be complete in order to be considered for MCIME™ Diploma. The following items are required to complete your file:**

1. Proof of 50 hours of ABIME sponsored Continuing Medical Education in the last 5 years.
2. Proof of 100 hours of CME/CPD credit from any accredited training program related to your field/specialty in the past 5 years in addition to the 50 hours of ABIME sponsored CME
3. Proof of ABMS Board Certification or other specialty certification from any jurisdiction in your field of practice.
4. Unrestricted medical license(s)/practitioner registration for the state/province/territory in which you practice.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Medical School: \_\_\_\_\_ City/State: \_\_\_\_\_

Graduation Date (M/Y): \_\_\_\_/\_\_\_\_/\_\_\_\_ DEGREE:  MD  DO  MBBS  MBCHB  FRCS OTHER: \_\_\_\_\_

Professional License Issuing State, Territory or Province: \_\_\_\_\_ Lic. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Specialties: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

***Please print your name, including credentials, as you would like it to appear on your Diploma:***

\_\_\_\_\_

**MCIME™ Diploma Payment fee - \$200 US Funds:**

- Payment by Check:** Please make payable to ABIME
- Payment by Credit Card:**  Visa  MasterCard  Amex  Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Verification Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ABIME POLICY for Master CIME™:** (Please read carefully as applying for MCIME™ Diploma constitutes your acknowledgement of the following)  
***Please take notice that the MCIME™ Diploma fee is non-refundable after it is paid and cannot be transferred. NO Exceptions Allowed. ABIME and its affiliates reserve the right to decline issue of MCIME™ status at its sole discretion. ABIME and its affiliates hereby expressly disclaim any liability for damages incidental to or resulting from issuance of a MCIME™ status. The laws of the state of West Virginia shall govern any disputes arising out of this agreement and venue shall lie exclusively in Cabell County, WV.***

**After completion of this application, include payment and mail, fax or scan and email, along with a copy of your required documentation/items as listed above to:**

**ABIME at 6470-A Merritts Creek Road, Huntington, WV 25702  
Call (304) 733-0095; Fax (304) 733-5243  
Email us at [info@abime.org](mailto:info@abime.org) OR Visit our website at [www.abime.org](http://www.abime.org)**