Canadian College of Microbiologists (CCM) Reciprocity Form

In order to apply for reciprocity with the ABMM, the following documentation must be submitted:
1. Completed reciprocity form, including:
   a. Contact information (mailing address, phone and fax numbers, and email address) 
   and
   b. a brief synopsis of educational background (type, year, and institution)
2. Notarized copy of your CCM certificate -- Personal copies will not be accepted.
3. Reciprocity fee, payable by check or credit card
   a. $450 for members of the American Society for Microbiology
   b. $575 for non-members of the American Society for Microbiology

Biographical Data:

<table>
<thead>
<tr>
<th>Name (First, M.I. Name):</th>
<th>Mailing address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime phone number:</td>
<td></td>
</tr>
<tr>
<td>Fax number:</td>
<td></td>
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<tr>
<td>E-mail address:</td>
<td></td>
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<tr>
<td>If you are an ASM member, please include your member number here:</td>
<td></td>
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</tbody>
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Education Information:

<table>
<thead>
<tr>
<th>Highest Degree(s) Received:</th>
<th>(Major and Minor data is not required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year:</td>
<td>Major:</td>
</tr>
<tr>
<td>Institution:</td>
<td>Minor:</td>
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</table>

I hereby certify that I am requesting reciprocal certification as a Diplomate of the American Board of Medical Microbiology. I verify that all the information that I have provided is correct and that I am in good standing with the Canadian College of Microbiologists.

□ ________________________________
(please sign and date above).

June 6, 2013
To pay by credit card, please fill in the box below:

☐ Visa  
☐ MasterCard  
☐ American Express

Credit card number:  
Expiration:  

Name as it appears on credit card:  
Month  
Year

Today's Date:  
Type or sign signature:  

Please make checks payable to: American Board of Medical Microbiology

For ABMM Office Use Only

Form Received (date):  
NF Record Created?  
Member Number:  
Account Code:  
Expiration Date:  
Amount: