THE AMERICAN BOARD OF PATHOLOGY
REPLACEMENT CERTIFICATE REQUEST FORM

The ABP does not issue duplicate certificates. To request a replacement certificate to be engraved, complete and submit this form to the ABP along with credit card authorization or check for $75. The replacement certificate will indicate that the certificate is a replacement and the date of the replacement. Do not check more than one certificate below. If more than one certificate needs to be replaced, a Replacement Certificate Request Form must be completed and submitted with payment for each certificate.

INSTRUCTIONS:

Step 1. Use a computer to fill in the information with MS Word.
Step 2. When completed, print the form and sign at the bottom.
Step 3. Submit completed and signed request to the ABP with credit card authorization via fax, e-mail, **or** US Mail. (If paying with check, request must be mailed.)

- Fax to 813-289-5279, ATTN: Amanda
- Scan as pdf file and e-mail as an attachment to Amanda@abpath.org
- Mail to The American Board of Pathology, 4830 W. Kennedy Blvd., Suite 690, Tampa, FL, 33609-2571, ATTN: Amanda

The primary certificate I wish to replace is:	**The subspecialty certificate I wish to replace is:**
☐ Combined Anatomic Pathology and Clinical Pathology (APCP)	☐ Blood Banking/Transfusion Medicine
☐ Anatomic Pathology only (AP)	☐ Chemical Pathology
☐ Clinical Pathology only (CP)	☐ Cytopathology
☐ AP/Cytopathology	☐ Clinical Informatics
☐ AP/Forensic Pathology	☐ Dermatopathology
☐ AP/Hematology	☐ Forensic Pathology
☐ AP/Medical Microbiology	☐ Hematology
☐ AP/Neuropathology	☐ Medical Microbiology
☐ CP/Blood Banking/Transfusion Medicine	☐ Molecular Genetic Pathology
☐ CP/Chemical Pathology	☐ Neuropathology
☐ CP/Hematology	☐ Pediatric Pathology
☐ CP/Medical Microbiology	
☐ Voluntary Recertification	

Reason for requesting a replacement certificate:

(If reason is damage or legal name change, then the original certificate must accompany this request.)

Title Preference

It is the policy of The American Board of Pathology to use only the titles "M.D.," meaning Medical Doctor, or "D.O.," Doctor of Osteopathy, after the diplomate's name on the certificate. A diplomate may elect to have no title after his/her name. Examples: Herbert Henry, M.D.; Herbert Henry, D.O.; Herbert Henry

Name To Be Inscribed On Replacement Certificate:

Name:	Last	First	Middle
Last 4 digits of SSN:			
Date of Birth:			
Mailing Address:	If Hospital or Medical Center, include name of Institution		
(Where replacement certificate will be sent.)	Street		
	City	State	Zip Code
	Telephone Number	E-Mail Address	

Signature:	**Date:**

REVISED 4/2/2015

THE AMERICAN BOARD OF PATHOLOGY
CREDIT CARD AUTHORIZATION FORM

Select One:	☐ Master Card ☐ VISA ☐ American Express

Name as it appears on the card:	

E-mail address:	

Billing Address:	Street		
	City	State	Zip Code

Account Number:	
Last 3 digits on the back of the card:	
Expiration Date:	

Total Payment Amount: ($75 per certificate)	$

Cardholder's Signature: **X**	**Date:**

REVISED 10/2/2014