

The American Board of Pathology Diplomate Lapel Pins

Starting in 2017, the American Board of Pathology began awarding lapel pins to certified pathologists at certain milestones. ABPath is now happy to offer these pins for purchase as replacements or for qualified pathologists certified prior to 2017.

Each lapel pin comes in its own velvet box with the board's logo printed on the inside. The board's name is highlighted in blue enamel on the pin.

Silver Pins

Silver lapel pins are awarded when a physician becomes certified by ABPath for the first time. Any pathologist who is certified with ABPath is eligible to hold this pin.



Gold Pins

Gold lapel pins are awarded when a pathologist completes their first Continuing Certification 10-Year Cycle. Any pathologist who has completed their first CC 10-Year Cycle is eligible to hold this pin.



Please enter the amount of each pin you would like below

Each pin of either type is \$10 (including shipping) when shipping to an address in the US. Limit two pins of each type per person. *(Please contact ABPath prior to order submission for a quote if shipping outside the United States.)*

The amount entered will update the attached order sheet. Please submit all attached pages when ordering. Orders may be sent to lapelpins@abpath.org or by fax 813-289-5279.

Number of Gold Lapel Pins

Gold lapel pins are brass with gold plating.

Number of Silver Lapel Pins

Silver lapel pins are brass with chrome plating.





THE AMERICAN BOARD OF PATHOLOGY LAPEL PIN MAILING INFORMATION

INSTRUCTIONS:

Step 1. Use a computer to enter your name and mailing address on this page.

Step 2. Complete the credit card authorization form on the last page.

Step 3. Submit all three completed pages to ABPath via fax (813-289-5279) or e-mail (lapelpins@abpath.org).

Send Lapel Pin(s) to:	
NAME:	Last First Middle
MAILING ADDRESS:	Line 1
	Line 2
	City State Zip Code
	E-Mail Address

REVISED 8/27/2018



THE AMERICAN BOARD OF PATHOLOGY CREDIT CARD AUTHORIZATION FORM LAPEL PIN PAYMENT SHEET

Select One:	<input type="checkbox"/> Master Card	<input type="checkbox"/> VISA	<input type="checkbox"/> American Express
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Name as it appears on the card:	
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Billing Address:	Street
	City State Zip Code

Account Number:	
Expiration Date:	

Total Payment Amount:	
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Cardholder's Signature: X	Date:
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