



# 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: Renee
  - Scan as pdf file and e-mail as an attachment to [Renee@abpath.org](mailto:Renee@abpath.org)
  - Mail to The American Board of Pathology, 4830 W. Kennedy Blvd., Suite 690, Tampa, FL, 33609-2571, ATTN: Alissa

<p><b>The primary certificate I wish to replace is:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Combined Anatomic Pathology and Clinical Pathology (APCP)</li> <li><input type="checkbox"/> Anatomic Pathology only (AP)</li> <li><input type="checkbox"/> Clinical Pathology only (CP)</li> <li><input type="checkbox"/> AP/Cytopathology</li> <li><input type="checkbox"/> AP/Forensic Pathology</li> <li><input type="checkbox"/> AP/Hematology</li> <li><input type="checkbox"/> AP/Medical Microbiology</li> <li><input type="checkbox"/> AP/Neuropathology</li> <li><input type="checkbox"/> CP/Blood Banking/Transfusion Medicine</li> <li><input type="checkbox"/> CP/Chemical Pathology</li> <li><input type="checkbox"/> CP/Hematology</li> <li><input type="checkbox"/> CP/Medical Microbiology</li> <li><input type="checkbox"/> Voluntary Recertification</li> </ul>	<p><b>The subspecialty certificate I wish to replace is:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood Banking/Transfusion Medicine</li> <li><input type="checkbox"/> Chemical Pathology</li> <li><input type="checkbox"/> Cytopathology</li> <li><input type="checkbox"/> Clinical Informatics</li> <li><input type="checkbox"/> Dermatopathology</li> <li><input type="checkbox"/> Forensic Pathology</li> <li><input type="checkbox"/> Hematology</li> <li><input type="checkbox"/> Medical Microbiology</li> <li><input type="checkbox"/> Molecular Genetic Pathology</li> <li><input type="checkbox"/> Neuropathology</li> <li><input type="checkbox"/> Pediatric Pathology</li> </ul>
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<p><b>Reason for requesting a replacement certificate:</b></p> <p>(If reason is damage or legal name change, then the original certificate must accompany this request.)</p>
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<p><b>Title Preference</b></p> <p>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</p> <p><b>Name To Be Inscribed On Replacement Certificate:</b></p>
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<b>Name:</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Last</td> <td style="width: 33%; border-bottom: 1px solid black;">First</td> <td style="width: 33%; border-bottom: 1px solid black;">Middle</td> </tr> </table>	Last	First	Middle
Last	First	Middle		
<b>Last 4 digits of SSN:</b>				
<b>Date of Birth:</b>				
<b>Mailing Address:</b>	If Hospital or Medical Center, include name of Institution			
(Where replacement certificate will be sent.)	Street			
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> </table>	City	State	Zip Code
City	State	Zip Code		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Telephone Number</td> <td style="width: 50%; border-bottom: 1px solid black;">E-Mail Address</td> </tr> </table>	Telephone Number	E-Mail Address	
Telephone Number	E-Mail Address			

<b>Signature:</b>	<b>Date:</b>
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## THE AMERICAN BOARD OF PATHOLOGY CREDIT CARD AUTHORIZATION FORM

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

<b>Account Number:</b>	
<b>Last 3 digits on the back of the card:</b>	
<b>Expiration Date:</b>	

<b>Total Payment Amount:</b> (\$75 per certificate)	\$
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<b>Cardholder's Signature:</b> <b>X</b>	<b>Date:</b>
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