

# National Board for Certification in Headache Management

## APPLICATION FOR CERTIFICATION

The following information is required and must be received and reviewed by the Board prior to review of the application. Only completed applications will be accepted. Incomplete applications will be acknowledged but will not be reviewed pending receipt of all the necessary materials. The Standards Review Committee of the National Board reserves the right to request additional information regarding each and every aspect of the submitted materials for this application and to receive those additional materials before reviewing the application. The application fee of \$300 for this certification must be paid prior to review of this application. **The fee must be a check drawn on a U.S. Bank or an international postal money order that specifies payment through a U.S. Bank.**

Applications for certification that are denied by the National Board may be appealed in writing to the Appeals Committee - The National Board for Certification in Headache Management. Upon receipt of the appeal, the Appeals Committee will inform the applicant of the procedures and documents that will be required for this process.

### Section I: General Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Section II: General Education

Medical School: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_

Degree awarded and dates: \_\_\_\_\_

(MD or DO or its equivalent as defined by the American Medical Association)

Post-Graduate Medical Education (name of each institution, type of program and dates):

\_\_\_\_\_

\_\_\_\_\_

*N.B.: Please attach copies of medical degree. Also, attach copies of all post-graduate medical education certificates.*

**Section III: Board Eligibility and Certification**

National Board of Examiners Certificate dates: \_\_\_\_\_  
*In lieu of this, state board of examiners certificate may be provided.*

American Board of Medical Specialists/American Osteopathic Board certificates:

Dates awarded: \_\_\_\_\_ Certificate # \_\_\_\_\_

Re-certification date \_\_\_\_\_ Certificate #s \_\_\_\_\_

Specialty organization award of fellowship: \_\_\_\_\_

Date and certificate number: \_\_\_\_\_

Please provide copies of:

- *All national board of examiners certificates*
- *All state board of examiners certificates*
- *All ABOM/AOA examiners certificates*
- *All specialty organization recognition certificates of fellowship*

**Section IV: Licensure**

Please list all licenses by state or Canadian Province held currently or previously and the dates of such licensure and the current status of each.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state all restrictions on license:

\_\_\_\_\_  
\_\_\_\_\_

Please list all actions on such licenses including date, status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please provide copies of all current state licenses.*

**Section V: Specific Criteria**

The criteria for the Certificate of Added Qualification in Headache Management involves experiential minimum requirements at this time. This minimum time requirement has been established as seven years. This does not include time during residency but does include time in headache fellowship training. Other minimum requirements are listed below

Please review your work history for the past seven years:  
(Attach additional sheets as necessary)

Name of practice: \_\_\_\_\_

Location: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Estimate the percentage of the case load that was related to headache research or patient management at each facility \_\_\_\_\_

Please provide the following:

- A list of all publications a minimum of 1 peer reviewed article in the area of headache is requested. In lieu of this, the applicant may submit a detailed case report including the area of history, examination, testing, diagnosis, differential diagnosis, treatment, and discussion satisfactory to the Board.
- Copies of CME certificates demonstrating 50 CME credit hours in the area of headache in the past five years.

Annual minimum of activities in the following two bullet points:

- A list of all presentations at regional or national scientific meetings or published in local, state or national publications in the past seven years.
- A list of all activities on an annual basis during the past seven years in which you have been involved in teaching, lecturing, publication or research. (This may include pharmaceutical sponsored lectures and research, university or other teaching appointments, and/or presentations either platform or poster at educational meetings.)
- A list of all hospital affiliations.
- A list of all memberships in regional and national scientific and professional societies including offices held, committee memberships or other positions held.
- Two letters from colleagues, medical professional societies or hospital medical staffs attesting to your actions as a professional with high moral and ethical standards.

I hereby apply for a certificate of added qualifications offered by the National Board for Certification in Headache Management (“NBCHM”) in accordance with and subject to its rules. To the best of my knowledge, the information set forth in the foregoing application is true, correct and complete and is made in good faith. I hereby acknowledge that NBCHM reserves the right to verify the information set forth in the foregoing application and that any incorrect, fraudulent or misleading information may constitute grounds for rejection of my application or revocation of my certificate of added qualification.

Signature of applicant: \_\_\_\_\_

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

*Please make application check for \$300 payable to National Board for Certification in Headache Management. **This fee must be a check drawn on a U.S. Bank or an international postal money order that specifies payment through a U.S. Bank.** Send with required materials to:*

*National Board for Certification in Headache Management  
3805 South Kansas Expressway  
Springfield, MO 65807*