



American College of Independent Medical Examiners (ACIME)

Maintenance of Accreditation by Practice Pathway (MAPP[®]) Application for MAPP[®] Completion

I hereby file my Application for MAPP[®] Completion by the American College of Independent Medical Examiners (ACIME). I hereby certify that I have attained minimum total 40 points of approved continuing medical education and professional development activities over the previous 5 years since last certification in areas related to IME and medicolegal practice as required to complete the MAPP[®] certification including 24 points minimum from the CME/CPD requirement as outlined below which is subject to audit by ACIME. I am also enclosing a \$595.00 US MAPP[®] certification fee, which I acknowledge is non-refundable once paid.

A) ACIME Courses, 1 point per hour (minimum 24 hours):

ACIME Course Name and Date:	Hours Attended:
_____	_____
_____	_____
_____	_____

Total Hours of ABIME Course Work Completed: _____

B) At least 16 additional hours of Continuous Education in my own Specialty from any entity/institution approved for CME/CPD over the last 3 years: Each hour of Continuous Education would qualify for 1 point each

CME/CPD Points Claimed: _____ **Total points** attained for A and B combined: _____

I am also submitting Five IME or medicolegal reports, at least two of them are for impairment rating using the AMA guides. I understand that these reports would be reviewed by the College faculty for quality assurance and continued practice and must meet the standards and be approved to conclude this part. A non-refundable payment of **US \$595** is enclosed. I understand that this processing fee covers the administrative costs including but not limited to costs associated with record keeping and documentation of my progress through the MAPP[®]. I understand that I have the obligation to follow all the rules for MAPP[®] as promulgated by ACIME and timeously provide the required documentation and respond to College's administrative requests to progress and conclude the MAPP[®] process. I agree that if do not respond to a communication from the college for more than 3 months or take no action for 3 months after a request for documents is made from the college, then ACIME shall have the right to infer that I have abandoned the MAPP[®]. I do agree that in such event the \$595 processing fee shall be non-refundable and non-transferable.

Signature: _____ Date: _____

Complete this form and mail OR fax it, along with payment of \$595.00 US to:

Payment by Check:
ACIME
6470-A Merritts Creek Rd.
Huntington, WV 25702

Payment by Credit Card:
(Visa, MasterCard, Discover, American Express)
Fax: (304) 733- 5243
Phone: (304)736-1347

For Credit Card Payments:

Card Number: _____ Expiration Date: ___/___ CVV# _____

Signature: _____ Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Degree(s): _____ Specialty: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail Address: _____

Phone: (____) _____ Fax: (____) _____

Please also enclose the following:

- Current Curriculum Vitae
- Copy of Current Medical License or License of Chiropractic Practice or your current registration certificate with the health care registering authority in your Jurisdiction.

***For questions, please contact the American College of Independent Medical Examiners at
Phone: (304)736-1347 or Fax: (304)733-5243 or Email: info@acime.org
Or Visit Our Website at www.acime.org***