



American College of Independent Medical Examiners (ACIME)

Maintenance of Accreditation by Practice Pathway (MAPP[®]) Intent to pursue MAPP[®] Application

I hereby file my application for intent to pursue the American College of Independent Medical Examiners' (ACIME) Maintenance of Accreditation by practice pathway (MAPP[®]) certification.

I hereby announce my intention to pursue MAPP[®] certification by meeting all established criteria for it by ACIME and respectfully request the College to approve a track of MAPP[®] certification for me to pursue with allotted time.

A non-refundable payment of US \$500 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 \$500 processing fee shall be non-refundable and non-transferable.

Signature: _____ Date: _____

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

Degree(s): _____ Specialty: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

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

E-Mail Address: _____

Complete this form and mail OR fax it, along with payment of \$500.00 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

For Credit Card Payments:

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

Signature: _____ Date: _____

***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***