

# The North American Menopause Society (NAMS) Certified Menopause Practitioner (NCMP) Examination Application for 2010

After reading this *Candidate Handbook* in its entirety, please complete all sections of this application. Mail or fax the completed application, required documentation, and payment (made payable to AMP) to: AMP, NAMS Examination, 18000 W. 105th Street, Olathe, KS 66061-7543, USA (Fax: 913/895-4650)

## 1. PERSONAL INFORMATION (Please print using black or blue ink.)

Name (with certifications, such as MD, RNC) \_\_\_\_\_

(As you wish it to appear on your examination records and certificate.)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (If you do not have a Social Security Number, leave this line blank. A number will be assigned to your record for administration purposes.)

Daytime Telephone Number: \_\_\_\_\_ Evening Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (Required for all applicants.)

Home Street Address (Not a P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

## 2. EXAMINATION INFORMATION

I am applying for the NAMS Certified Menopause Practitioner (NCMP) competency examination as a:

new applicant  reapplicant

Test Date:  **February 25, 2010**

Johannesburg, South Africa—2010 South African Menopause Society (SAMS) Conference

Test Date:  **May 15, 2010**

Location:  Columbus, OH  Minneapolis, MN  Philadelphia, PA  San Francisco, CA

Denver, CO  Montreal, QC, Canada  Portland, OR  Seattle, WA

Detroit, MI  Norfolk, VA  Raleigh, NC  Tampa, FL

Milwaukee, WI

Test Date:  **June 27, 2010**

Phoenix, AZ—immediately following the American Academy of Nurse Practitioners 2010 Conference

Test Date:  **October 6, 2010**

Chicago, IL—prior to the NAMS 21st Annual Meeting

### Special Accommodations Request(s):

I am including a Special Accommodations Request.

(Complete the forms included on pages 12 and 13 of this handbook.)

## 3. ELIGIBILITY

I am a licensed healthcare provider. (Enclose copy of current license.)

physician  physician assistant  nurse  nurse practitioner  nurse midwife

pharmacist  other (please specify) \_\_\_\_\_

I am a NAMS Member. (Enclose a copy of current membership card.)

I am a NICOMO Member. (Enclose proof of membership.)

I have recently joined NAMS and have not yet received my membership card.

(Your membership status will be verified by AMP with NAMS.)

## 4. EXAMINATION FEE

Payment may be made payable to AMP. All fees must be in U.S. funds drawn on a U.S. bank.

Examination Fee

Late Application Fee (see page 2 for details)

NAMS member \$200

Nonmember \$400

\$75

NICOMO Member \$200

If payment is made by credit card, complete the following. This fee will appear on your credit card statement as "NAMS."

VISA  MasterCard  American Express  Discover

Credit Card #: \_\_\_\_\_ CVS/CWZ (Security Code on Card): \_\_\_\_\_

Name on Card: \_\_\_\_\_ Cardholder's City, State/Province: \_\_\_\_\_

Cardholder's Country, Zip/Postal Code: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

## 5. SIGNATURE (Sign and date in ink the statement below.)

I certify that I have read all portions of this *Candidate Handbook* and application. I certify that the information submitted in this application and the documents enclosed are complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided, not released, or invalidated by NAMS.

Name (Please Print): \_\_\_\_\_

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